

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 16, 2009  
Secretary of State**

DOCUMENT# 727579

Entity Name: ST. MARY'S HOSPITAL, INC.

**Current Principal Place of Business:**

1645 PALM BEACH LAKES BLVD  
SUITE 440  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

3805 WEST CHESTER PIKE  
SUITE 100  
NEWTOWN SQUARE, PA 19073

**Current Mailing Address:**

1645 PALM BEACH LAKES BLVD  
SUITE 440  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

3805 WEST CHESTER PIKE  
SUITE 100  
NEWTOWN SQUARE, PA 19073

FEI Number: 59-0624445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEBBER, DALE S  
401 E JACKSON ST  
SUITE 2500  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: RUSSELL, DANIEL F  
Address: 1645 PALM BEACH LAKES BLVD STE 440  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: STD ( ) Delete  
Name: RUSSELL, C K  
Address: 1645 PALM BEACH LAKES BLVD STE 440  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD ( ) Delete  
Name: STANEK, ROBERT V  
Address: 1645 PALM BEACH LAKES BLVD STE 440  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: RUSSELL, DANIEL F  
Address: 3805 WEST CHESTER PIKE  
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: STD (X) Change ( ) Addition  
Name: RUSSELL, C K  
Address: 3805 WEST CHESTER PIKE  
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: PD (X) Change ( ) Addition  
Name: STANEK, ROBERT V  
Address: 3805 WEST CHESTER PIKE  
City-St-Zip: NEWTOWN SQUARE, PA 19073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT V. STANEK

CEO

02/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date