## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 727579**

1. Entity Name

Date of the Color

ST. MARY'S HOSPITAL, INC.



**FILED** Mar 11, 2003 8:00 am §
Secretary of State

03-11-2003 90133 021 \*\*\*\*61.25

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Principal Plac	ce of Business		Mailing	Address								
1401 FORUM WAY SUITE 101 SUITE 101			SUITE 18	rum way 01 Alm Beach Fl 3:			1 180716 18060 TI	IBII ABBOL BII IL FA	818 1811 B(&)) A(	B() <b>B:B</b> () <b>B(&amp;</b> () <b>B</b>	11 <b>8</b> 16 <b>2</b> 1861 18 <b>8</b> 1	
1645	Place of Busine	Beach Lakes B	3. Mailir	ng Address 45 Palm	Beac	h Lab	ceo Blu	4.				
Suite, Apt. #, etc.			4	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State Palm Beach, FL			City W	City & State West Palm Beach, FL Zip Country				4. FE! Number <b>59-0624445</b> Applied For Not Applicable				
<sup>Zip</sup> <b>33</b> .4	101	Country		401		untry LSA		5. Certificate of Si	tatus Desired		\$8.75 Ad	dditional
6. Name and Address of Current Re								7. Name and Address of New Registered Agent				
					7. Halle and Address of New Registered Agent							
WEBBER, DALE S 401 E JACKSON ST SUITE 2500				Name Street Addres				rss (P.O. Box Number is Not Acceptable)				
TAMPA F						City		<u> </u>		FL	Zip Cod	de
A T: 11	4 1.										<b>-</b>   `	j
the obligat	e named entity tions of registe	submits this statement for	or the purpos	se of changing its	register	ed office o	or registere	ed agent, or both, in	the State of F	lorida. I am	familiar with,	, and accept
	none or registe	;										- (
0.0												1
SIGNATURE .	Signature, typed o	r printed name of registered agent	and title if applica	ahla (NOTI	E: Begietere	od Apant eigne	thure required .	when reinstating)		DATE.		<del></del>
					z. Hogistoro	a Agent aight	icio iequileu	when removating)		DATE		
FILE NOW: FEE IS \$61.25  9. Election Carriest Fund					. •	_		\$5.00 May Be Added to Fees			k Payable tment of	
10.		OFFICERS AND DI	RECTORS		11.		Δ	DDITIONS/CHANG	ES TO OFFICE	ERS AND DI	DECTODS IN	<del>, 10</del>
TITLE	CD	011/02/1011115 511	101010	□ Delete	TITL	<del></del>	CD		ES TO OFFICE	EU2 AIND DI	Change	
NAME	RUSSELL, I	DANIEL F		□ Delete	NAM		Russe	11, Daniel F.			<b>™</b> Change	☐ Addition
STREET ADDRESS		M WAY SUITE 101				ET ADDRESS	1645	<b>A</b> .	Llabor	QUAL S	Suite U4	40
CITY-ST-ZIP		I BEACH FL 33401				-ST-ZIP	West	Dala Car	, L (I			
TITLE	STD	OCHOITE GOTOT		D Date:	_			Palm Bea	MI, TU	33401		
NAME	RUSSELL, C	2 K		☐ Delete	TITLE		STD	بلدم لا ١٨ ١١٠			☑ Change	☐ Addition
STREET ADDRESS		M WAY SUITE 101				ET ADDRESS	Russ	Palm Beach	امطاءا	Blvd. S	vite 44	Ю
CITY-ST-ZIP	I	I BEACH FL 33401				-ST-ZIP	Value 1	Pain beau	n Later	3340	\ I	1
TITLE	PD	I CONCILL CONCI		☐ Delete	-		<b>N</b> N	_	ich, Fi	عبود		
NAME	STANEK, R	ORERT V		□ Delete	TITLE		Elan	ek, Robert '	٧	Λ. Α	Change	Addition
STREET ADDRESS		M WAY SUITE 101				ET ADORESS	1645	ek, kobert Palm Beac	th Lake	, Bludly	Solte	140
CITY-ST-ZIP		# BEACH FL 33401				-ST-ZIP	No. of	- Palm Bea	ah C	221	mi.	Í
TITLE	VP	DENOTTE COTOT		Delete	_		ME24	- Fair Dea	101, 17	354		
NAME	BRICKER, V	VILLIAM		La Delete	TITLE						Change	☐ Addition
STREET ADDRESS		M WAY SUITE 101				- et address	ļ					ĺ
CITY-ST-ZIP		BEACH FL 33401				-ST-ZIP						
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NAME				rai neigig	NAME						Change	☐ Addition
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				<u></u>	J.,,				_			

12. I hereby certify that the information supplied with this filing coes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all principles.

**SIGNATURE:** 

Robert V. Stanek 2/20/03