

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745780

FILED
Apr 22, 2009
Secretary of State

Entity Name: ST. CATHERINE LABOURE MANOR, INC.

Current Principal Place of Business:

1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

1 SHIRCLIFF WAY
1801 BARRS STREET, STE 615
JACKSONVILLE, FL 32204 US

New Mailing Address:

2 SHIRCLIFF WAY
STE 600
JACKSONVILLE, FL 32204 US

FEI Number: 59-1878316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEPPERT, LAURIE S
2 SHIRCLIFF WAY
STE. 600
JACKSONVILLE, FL 32204 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: DP () Delete
Name: WHALEN, SCOTT
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: VCD () Delete
Name: ACKERMAN, SCOTT N MD
Address: 1 SHIRELIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: DS () Delete
Name: TEPPERT, LAURIE S
Address: 2 SHIRELIFF WAY, STE. 600
City-St-Zip: JACKSONVILLE, FL 32204

Title: DT () Delete
Name: CURRAN, DANIEL
Address: 1 SHIRELIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: THORNTON, JAMES PATRICK
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: O (X) Change () Addition
Name: ACKERMAN, SCOTT N MD
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: O (X) Change () Addition
Name: TEPPERT, LAURIE S
Address: 2 SHIRCLIFF WAY, STE. 600
City-St-Zip: JACKSONVILLE, FL 32204

Title: O (X) Change () Addition
Name: WHALEN, SCOTT A PH.D.
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

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: LAURIE TEPPERT

O

04/22/2009

Electronic Signature of Signing Officer or Director

Date