


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 756641		
1. Entity Name BON SECOURS VENICE HOSPITAL FOUNDATION, INC.		

FILED
05 JUL 29 PM 3: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 540 THE RIALTO VENICE, FL 34285-2900 US	Mailing Address 540 THE RIALTO VENICE, FL 34285-2900 US
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2. Principal Place of Business 10300 4th Street, North Suite, Apt. #, etc.	3. Mailing Address 10300 4th Street, North Suite, Apt. #, etc.
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07212005 Chg-NP CR2E037 (10/03)

City & State St. Petersburg, FL	City & State St. Petersburg, FL	4. FEI Number 59-2080629	Applied For <input type="checkbox"/> Not Applicable
Zip 33716	Country U.S.A.	Zip 33716	Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALL, WAYNE C 1314 EAST VENICE AVENUE, SUITE E VENICE, FL 34285	
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7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sylvia Queppet, Asst. VP Sylvia Queppet, Asst. VP 7-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD OCHS, ROBERT 901 VENETIA BAY BLVD., STE 100 VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Sr. Anne Lutz 1505 Marriottsville Road Marriottsville, MD 21104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODS, JIM 540 THE RIALTO VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/S/D John Shea 1505 Marriottsville Road Marriottsville, MD 21104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREDERICK, CAROLYN 4515 SHORE LANE BOCA GRANDE, FL 33921 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Michael Cottrell 1505 Marriottsville Road Marriottsville, MD 21104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, MARY C SISTER 540 THE RIALTO VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200058049902 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does 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 registered agent 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 other like empowered.

SIGNATURE: Michael Cottrell Michael Cottrell, Treasurer 7/27/05 410-442-3309
Signature, typed or printed name of signing officer or director Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 504923 4312599

AUTHORIZATION :

Patricia Pizote

COST LIMIT : \$ 61.25

ORDER DATE : July 26, 2005

ORDER TIME : 10:33 AM

ORDER NO. : 504923-060

CUSTOMER NO: 4312599

CUSTOMER: Ms. Camille C. Duerr
Jones Day
Suite 800
1420 Peachtree Street, N.e.
Atlanta, GA 30309-3053

CHANGE OF AGENT

NAME: BON SECOURS VENICE HOSPITAL
FOUNDATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER: _____

RECEIVED
05 JUL 29 PM 1:08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA