2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 01, 2007
Secretary of State

DOCUMENT# 759713

Entity Name: ST. ANTHONY'S HEALTH CARE FOUNDATION, INC.

Current Principal Place of Business:

1200 SEVENTH AVE NORTH
ST. PETERSBURG, FL 33705 US

New Principal Place of Business:

Current Mailing Address:

1200 SEVENTH AVE NORTH
ST. PETERSBURG, FL 33705 US

New Mailing Address:

FEI Number: 59-2128991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRADLEY, TERESA M.D.
1200 SEVENTH AVE NORTH
ST. PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

ULBRICHT, WILLIAM G
1200 SEVENTH AVE NORTH
ST. PETERSBURG, FL 33705 US

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: WILLIAM G ULBRICHT 10/01/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ADM ( ) Delete
Name: BRADLEY, TERESA M.D.
Address: 1200 SEVENTH AVE. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: C ( ) Delete
Name: BILCHAK, JOHN
Address: 360 CENTRAL AVE.
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T ( ) Delete
Name: TREMONTI, CARL
Address: 1200-7TH AVE NO
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ULBRICHT, WILLIAM G
Address: 1200 SEVENTH AVE. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: REBECCA A ARSENEAU S 10/01/2007
Electronic Signature of Signing Officer or Director Date