

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767541** (6)

1. Corporation Name

**ST. FRANCIS MEDICAL AND HEALTH CARE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

% DON W. CHESTER  
901 45TH STREET  
WEST PALM BEACH FL 33407  
US

% DON W. CHESTER  
901 45TH STREET  
WEST PALM BEACH FL 33407-2413  
US

3. Date Incorporated or Qualified  
**03/14/1983**

3a. Date of Last Report  
**02/27/1996**

2. Principal Place of Business

2a. Mailing Address

21 **C/O MICHAEL DOOLEY**

25 Suite, Apt. #, etc.

22 **6200 COURTNEY CAMPBELL CSWY #100**

27 Suite, Apt. #, etc.

23 **TAMPA, FL**

28 **TAMPA, FL**

24 **33607**

Country

29 **33607**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHESTER, DON W**  
**901 45TH STREET**  
**WEST PALM BEACH FL 33407**

81 Name **MICHAEL T. DOOLEY**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6200 COURTNEY CAMPBELL CSWY.**

83 **SUITE 100**

84 City **TAMPA**

85 Zip Code **FL 33607**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*M.T. Dooley* **MICHAEL T. DOOLEY**

**4/14/97**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>GALT, ROBERT B III</b>	
STREET ADDRESS	<b>201 S. BISCAYNE BLVD, #2000</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HOWARD WATTS</b>	
1.3 STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CSWY, STE 100</b>	
1.4 CITY-ST-ZIP	<b>TAMPA, FL</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCNALLY, MARY S OSF</b>	
STREET ADDRESS	<b>2924 W CURTIS STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

2.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MICHAEL T. DOOLEY</b>	
2.3 STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CSWY., STE 100</b>	
2.4 CITY-ST-ZIP	<b>TAMPA, FL 33607</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SETLIN, HOWARD A. ESQ.</b>	
STREET ADDRESS	<b>1758 28TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>	

3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SISTER GLADYS SHARKEY, O.S.F.</b>	
3.3 STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CSWY, STE 100</b>	
3.4 CITY-ST-ZIP	<b>TAMPA FL 33607</b>	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>O'NEIL, MICHAEL O JR</b>	
STREET ADDRESS	<b>701 BRICKELL AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>O'LAUGHLIN, JEANNE S</b>	
STREET ADDRESS	<b>11300 NE 2ND AVE</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*M.T. Dooley* **MICHAEL T. DOOLEY**

**4/14/97**

**813 281-9098**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040377

CR2E037 (9/96)