

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PH 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767542 (4)

1. Corporation Name

**ST. FRANCIS MEDICAL AND HEALTH CARE SERVICES, IN
C.**

Principal Place of Business

Mailing Address

**6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL 33607**

**6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1983

3a. Date of Last Report

02/14/1994

4. FEI Number

59-2301548

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$0.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NELLENBACH, LYNN J
6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL 33607**

81 Name

DOOLEY, MICHAEL T.

82 Street Address (P.O. Box Number is Not Acceptable)

SAME

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
BICE, MICHAEL O.
6200 COURTNEY CAMPBELL CSWAY, STE. 100
TAMPA FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**PD
SULLIVAN, SISTER MARIE CELESTE, O.S.F.
SAME**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
NELLENBACH, LYNN J.
6200 COURTNEY CAMPBELL CSWAY, STE. 100
TAMPA FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

**TD
DOOLEY, MICHAEL T.
SAME**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
MCNALLY, SISTER MARY O.S.F.
2924 W. CURTIS STREET
TAMPA FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

**SD
WATTS, HOWARD
SAME**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature (Print Name)