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FILED  
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 # **767542** (4)

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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

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

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
**59-2301548**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOOLEY, MICHAEL T  
6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 100  
TAMPA FL 33607**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **SULLIVAN, SISTER MARIE C OSF**  
STREET ADDRESS **6200 COURTNEY CAMPBELL CSWAY, STE. 100**  
CITY - ST - ZIP **TAMPA FL**

TITLE **TD** ☐ DELETE  
NAME **DOOLEY, MICHAEL T**  
STREET ADDRESS **6200 COURTNEY CAMPBELL CSWAY, STE. 100**  
CITY - ST - ZIP **TAMPA FL**

TITLE **SD** ☐ DELETE  
NAME **WATTS, HOWARD**  
STREET ADDRESS **2924 W. CURTIS STREET**  
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **SISTER GLADYS SHARKEY, OSF.**  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

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

3.1 TITLE **TD** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **6200 COURTNEY CAMPBELL CSWY, STE 100**  
3.4 CITY - ST - ZIP

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

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

6.1 TITLE ☐ Change ☐ 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:

**MICHAEL T. DOOLEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/97**  
Date

**813 281-9099**  
Daytime Phone # 0079161

CR2E037 (9/96)