FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

767542

(4)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

ST. FRANCIS MEDICAL AND HEALTH CARE SERVICES, IN

Principal Place of Business

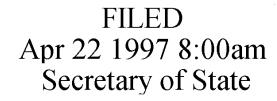
Mailing Address

\$ 6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL 33607

Mailing Address

\$ 6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL 33607

26





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

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified 03/14/1983

59-2301548

5. Certificate of Status Desired

6. Election Campaign Financing

Number

43			20				''	usi runa coni	ribution	<u> </u>	A0090	to rees		
Zip	<u> </u>	Country	Zip	J	untry				has liability for in			. 199.032,		
24	25		29	30				orida Statutes			No			
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent							
						Name]		
DOOLEY, MICHAEL T						Street /	Address (P.O	. Box Number	is Not Acceptabl	e)	···			
6200 COURTNEY CAMPBELL CAUSEWAY										-,		- 1		
SUITE 100														
TAMPA FL 33807						City					1-1 7:-			
					84	City				FL	 85 Zip	Code		
11. Pursuant t	to the provision	ns of Sections 617.0502	and 617.1508, Florida	above	-named	corporation s	submits this sta	atement for the pu	urpose of	changing it	s 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: Registerer							required when rei	nstating)		DATE	·			
12.	OFFICERS AND DIRECTORS 13								NGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12		
TITLE	PD DELETE			TE 1.1	TITLE		D				Change	Addition		
NAME (SULLIVAN, SISTER MARIE C OSF				NAME	ſ	SISTER	GLABYS	SHARKOY,	OSF				
STREET ADDRESS	ALLE AND INTERPRETATION OF AND					address	'			****		í		
CITY-ST-ZIP	TAMPA F				CITY-ST	,								
TITLE	10		DELE		TITLE	-20					Change	Addition		
NAME (} ·=	MICHAEL T		•	NAME	ĺ								
STREET ADDRESS	AAAA AA IRWIINI AAAANDELI AAUAU AYE AAA					ADDRESS						ľ		
CITY-ST-ZIP	TAMPA F				CITY-S									
TITLE	SD	<u> </u>	DELE		TITLE	1-24	70	·			Change	Addition		
NAME	WATTS, F	(OWARO		• • • • • • • • • • • • • • • • • • • •	NAME	ł	, -							
STREET ADDRESS	2924 W. CURTIS STREET					address	6200 0	MATHEN	CAMPBELL	CSW	ST#	100		
1	TAMPA F					ſ	6200 C	- out (in e)	Chiliptin	4 -117	,	1		
CITY-ST-ZIP TITLE	IAMI A I	<u> </u>	DELE		CITY-S	1-21		·			Change	Addition		
NAME	}		J	1	NAME	1					☐ Outside	ROUNIGH		
STREET ADORESS	}					LDDDFOO								
				1		ADDRESS						}		
CITY-ST-ZIP TITLE			DELE		CITY-\$1 TITLE	-ZIP		·			Change	Addition		
NAME				- I * '		- 1					r cuestão	FT VORWALL		
· ' }				8	NAME	10000						ł		
STREET ADDRESS]					address								
CITY-ST-ZIP			☐ DELE		CITY-SI	- ZIP					100	1 4 4 10		
TITLE			L DECE		TITLE						Change	Addition		
NAME				1	NAME							1		
STREET ADDRESS						ADORESS						}		
CiTY-ST-ZiP	but postile the state	ha information a security	ash this time desired		CITY - S			440.03/5\/	E CONTRACTOR					
informatio	on indicated on	he information supplied this annual report or su	oplemental annual rep	ort is true and	accu	rate and	that my sign	ature shall hav	re the same legal	effect as	if made un	der oath: that l		
I am an of	fficer or directo	or of the corporation or t	ne receiver or trustee e	mpowered to	өхөс	ite this r	eport as requ	ired by Chapt	er 617, Florida St	atutes: ar	d that my r	name		

SIMILYABLE T. DOOLEY 4/14/97