

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

3. Date Incorporated or Qualified

03/14/1983

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Gary Chark

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

6200 Courtney Campbell Causeway

83

84 City

TAMPA

FL

85 Zip Code  
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

*[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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME SHARKEY, SISTER GLADYS  
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 PD ☐ DELETE  
NAME WATTS, HOWARD  
STREET ADDRESS 6200 COURTNEY CAMBELL ESWY, STE 100  
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

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

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

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

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

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

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

☐ Change ☐ Addition

☐ Change ☒ Addition  
TD  
Chark, Gary  
6200 Courtney Campbell Causeway  
TAMPA FL

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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 *[Signature]*

CR2E037 (10/97)