

2001 UNIFORM BUSINESS REPORT (UBR)

4/16/

FILED
May 05, 2001 8:00 am
Secretary of State

04-16-2001 90055 001 ****61.25

DOCUMENT # 767542

1. Entity Name

ST. FRANCIS MEDICAL AND HEALTH CARE SERVICES, IN

Principal Place of Business

Mailing Address

% 6200 COURTNEY CAMPBELL CAUSEWAY
 SUITE 100
 TAMPA FL 33607

% 6200 COURTNEY CAMPBELL CAUSEWAY
 SUITE 100
 TAMPA FL 33607

2. Principal Place of Business

138 N.E. 111th Street
 Suite, Apt. #, etc.

3. Mailing Address

19329 US Hwy. 19 N
 Suite, Apt. #, etc.
 Suite 100

City & State

Miami Shores FL

Zip
 33161

Country

USA

City & State

Clearwater FL

Zip
 33764

Country

USA

4. FEI Number

59-2301548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KIMMINS, MARGARET M OSF
 19329 US HIGHWAY 19 NORTH
 STE 100
 CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Margaret Mary Kimmins, OSF
 Signature, typed or printed name of registered agent and title, if applicable.
 Margaret Mary Kimmins OSF

(NOTE: Registered Agent signature required when reinstating)

3-21-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHARKEY, SISTER GLADYS	
STREET ADDRESS	6200 COURTNEY CAMPBELL CSWAY, STE. 100	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CHAWK, GARY	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WATTS, HOWARD	
STREET ADDRESS	6200 COURTNEY CAMPBELL ESWY, STE 100	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimmins, SR. Margaret Mary	
STREET ADDRESS	115 E. Main Street	
CITY-ST-ZIP	Allegany NY 14706	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cardet, SR. Lucy	
STREET ADDRESS	138 N.E. 111 th Street	
CITY-ST-ZIP	Miami Shores, FL 33161	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weidenborow, SR. Marlene	
STREET ADDRESS	380 Valencia Blvd.	
CITY-ST-ZIP	Largo, FL 33770	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret Mary Kimmins, OSF
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Margaret Mary Kimmins OSF

Date

3-21-01

Daytime Phone #

CR2E037 (10/00)