

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90091 025 ****61.25

DOCUMENT # 767542

1. Entity Name

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

Principal Place of Business

Mailing Address

138 N.E. 111 STREET
 MIAMI SHORES FL 33161

19329 US HWY 19 N.
 SUITE 100
 CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

KIMMINS, MARGARET M
 13329 US HIGHWAY 19 NORTH
 STE 100
 CLEARWATER FL 33764

Name
Joanne Olvera Lighter
 Street Address (P.O. Box Number is Not Acceptable)
19329 US HWY 19 NORTH
SUITE 100
 City
CLEARWATER FL Zip Code
33764

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD D** ☐ Delete
 NAME **KIMMINS, MARGARET MARY SR**
 STREET ADDRESS **115 E. MAIN ST.**
 CITY-ST-ZIP **ALLEGANY NY 14706**

TITLE **D/P/S** ☐ Change ☒ Addition
 NAME **Lighter, Joanne**
 STREET ADDRESS **19329 US Hwy 19 N. - Ste. 100**
 CITY-ST-ZIP **Clearwater, FL 33764**

TITLE **SD D** ☐ Delete
 NAME **CARDET, LUCY SR**
 STREET ADDRESS **138 NW 111TH STREET**
 CITY-ST-ZIP **MIAMI SHORES FL 33161**

TITLE **D** ☐ Change ☒ Addition
 NAME **Stagnaro, Kathleen OSF**
 STREET ADDRESS **1822 12th Street N.**
 CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE **TD** ☐ Delete
 NAME **WEIDENBORNER, MARLENE SR**
 STREET ADDRESS **380 VALENCIA BLVD**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE **C/D** ☒ Change ☐ Addition
 NAME **10049 82nd Street N.**
 STREET ADDRESS **33777**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Frieke, Anita A.** ☐ Change ☒ Addition
 NAME **19329 US Hwy 19 N., Ste. 100**
 STREET ADDRESS **Clearwater, FL 33764**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)