

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767542

FILED
Apr 29, 2004
Secretary of State**Entity Name:** ST. FRANCIS MEDICAL AND HEALTH CARE SERVICES, INC.**Current Principal Place of Business:**19329 US HWY 19 N.
SUITE 100
CLEARWATER, FL 33764**New Principal Place of Business:**19329 US HWY 19 N.
SUITE 100
CLEARWATER, FL 33764 US**Current Mailing Address:**19329 US HWY 19 N.
SUITE 100
CLEARWATER, FL 33764**New Mailing Address:**19329 US HWY 19 N.
SUITE 100
CLEARWATER, FL 33764 US**FEI Number:** 59-2301548**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LIGHTER, JOANNE OLVERA
19329 US HIGHWAY 19 NORTH
STE 100
CLEARWATER, FL 33764 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KIMMINS, MARGARET MARY OSF
Address: 115 E. MAIN ST.
City-St-Zip: ALLEGANY, NY 14706

Title: C/D () Delete
Name: CARDET, LUCY OSF
Address: 138 NE 111TH STREET
City-St-Zip: MIAMI SHORES, FL 33161

Title: D () Delete
Name: WEIDENBORNER, MARLENE OSF
Address: 19329 US HWY 19 N, SUITE 100
City-St-Zip: CLEARWATER, FL 33764

Title: T () Delete
Name: FRIEHE, ANITA A
Address: 19329 US HWY 19 N. , STE 100
City-St-Zip: CLEARWATER, FL 33764

Title: P/D () Delete
Name: LIGHTER, JOANNE OLVERA
Address: 19329 US HWY 19 N., SUITE 100
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: STAGNARO, KATHLEEN OSF
Address: 19329 US HWY 19 N., SUITE 100
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KIMMINS, MARGARET M OSF
Address: 115 E. MAIN ST.
City-St-Zip: ALLEGANY, NY 14706 US

Title: C/D (X) Change () Addition
Name: CARDET, LUCY OSF
Address: 138 NE 111TH STREET
City-St-Zip: MIAMI SHORES, FL 33161 US

Title: D (X) Change () Addition
Name: WEIDENBORNER, MARLENE OSF
Address: 19329 US HWY 19 N, SUITE 100
City-St-Zip: CLEARWATER, FL 33764 US

Title: T (X) Change () Addition
Name: FRIEHE, ANITA A
Address: 19329 US HWY 19 N. , STE 100
City-St-Zip: CLEARWATER, FL 33764 US

Title: P/D (X) Change () Addition
Name: LIGHTER, JOANNE O
Address: 19329 US HWY 19 N., SUITE 100
City-St-Zip: CLEARWATER, FL 33764 US

Title: S (X) Change () Addition
Name: SHEARED, RHONDA M
Address: 19329 US HWY 19 N., SUITE 100
City-St-Zip: CLEARWATER, FL 33764 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE OLVERA LIGHTER

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date

STAGNARO, KATHLEEN OSF D
19329 US HWY 19 N, SUITE 100
CLEARWATER, FL 33764