

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767542

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: ST. FRANCIS MEDICAL AND HEALTH CARE SERVICES, INC.

## Current Principal Place of Business:

19321-C US HWY 19 N.  
SUITE 412  
CLEARWATER, FL 33764 US

## New Principal Place of Business:

## Current Mailing Address:

19321-C US HWY 19 N.  
SUITE 412  
CLEARWATER, FL 33764 US

## New Mailing Address:

FEI Number: 59-2301548      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOYLE, EILEEN C  
19321-C US HIGHWAY 19 NORTH  
STE 412  
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 M OSF  
Address: 115 E. MAIN ST.  
City-St-Zip: ALLEGANY, NY 14706 US

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

Title: D ( ) Delete  
Name: WEIDENBORNER, MARLENE OSF  
Address: 19321-C US HWY 19 N, SUITE 412  
City-St-Zip: CLEARWATER, FL 33764 US

Title: D ( ) Delete  
Name: STAGNARO, KATHLEEN OSF  
Address: 19321-C US HWY 19 N, STE 412  
City-St-Zip: CLEARWATER, FL 33764 US

Title: P/D ( ) Delete  
Name: BOYLE, EILEEN C  
Address: 19321-C US HWY 19 N., SUITE 412  
City-St-Zip: CLEARWATER, FL 33764 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: WILLIAMS, JEANNE OSF  
Address: 19321 C US HIGHWAY 19 N  
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: EILEEN BOYLE

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date