

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000147

FILED  
Jun 23, 2009  
Secretary of State

**Entity Name:** SISTERS OF ST. FRANCIS HEALTH SERVICES, INC.

**Current Principal Place of Business:**

1515 DRAGOON TRAIL  
MISHAWAKA, IN 46546

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1290  
MISHAWAKA, IN 465461290

**New Mailing Address:**

**FEI Number:** 35-1330472      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SCHWARTZ, JOHN S  
12651 S DIXIE HWY  
STE 306  
MIAMI, FL 33156 US

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: CT ( ) Delete  
Name: KLEIN, JANE MARIE SISTER  
Address: PO BOX 1290  
City-St-Zip: MISHAWAKA, IN 465461290

Title: PT ( ) Delete  
Name: LEAHY, KEVIN D  
Address: PO BOX 1290  
City-St-Zip: MISHAWAKA, IN 465461290

Title: TT ( ) Delete  
Name: MAGIERA, M. ANN K SISTER  
Address: PO BOX 1290  
City-St-Zip: MISHAWAKA, IN 465461290

Title: TT ( ) Delete  
Name: MELLADY, M ANGELA SISTER  
Address: PO BOX 766  
City-St-Zip: MISHAWAKA, IN 465460766

Title: T ( ) Delete  
Name: HOFFMEYER, H ANNA MARIE SISTER  
Address: PO BOX 766  
City-St-Zip: MISHAWAKA, IN 465460766

**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: T (X) Change ( ) Addition  
Name: HOFFMEYER, ANNA MARIE SISTER  
Address: PO BOX 766  
City-St-Zip: MISHAWAKA, IN 465460766

I hereby certify that the information supplied with this filing does not qualify 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: SISTER CORITA LAST

T

06/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date