

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000147

FILED
Jan 04, 2010
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 ()

Name and Address of Current Registered Agent:

SCHWARTZ, JOHN S
12651 S DIXIE HWY
STE 306
MIAMI, FL 33156 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: CT
Name: KLEIN, JANE MARIE SISTER
Address: PO BOX 1290
City-St-Zip: MISHAWAKA, IN 465461290

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SISTER M. CORITA LAST, O.S.F.

SEC

01/04/2010

Electronic Signature of Signing Officer or Director

Date