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FILED
Mar 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000676 (6)

1. Corporation Name

DAUGHTERS OF CHARITY HEALTH SYSTEM EAST INCORPORATED

Principal Place of Business

Mailing Address

1302 CONCOURSE DR.
SUITE 300
LINTHICUM MD 21090

1302 CONCOURSE DR.
SUITE 300
LINTHICUM MD 21090-1025

2. Principal Place of Business

21 893 Elkridge Landing Rd
Suite, Apt. #, etc.

2a. Mailing Address

26 893 Elkridge Landing Rd
Suite, Apt. #, etc.

22 City & State

23 Linticum md
Zip Country

24 21090

27 City & State

28 Linticum md
Zip Country

29 21090

3. Date Incorporated or Qualified
02/10/1994

3a. Date of Last Report
11/04/1996

4. FEI Number

53-0205926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SMALL, JAMES E
STREET ADDRESS 9833 LARCHMEDE RD.
CITY-ST-ZIP ELLICOTT CITY MD 21043

TITLE V ☐ DELETE

NAME RILEY, MICHAEL J
STREET ADDRESS 4733 WIDDUP CT.
CITY-ST-ZIP ELLICOTT CITY MD 21043

TITLE D ☐ DELETE

NAME PERKINS, SR. MARILYN
STREET ADDRESS 98 MENANDS ROAD
CITY-ST-ZIP ALBANY NY 12204

TITLE D ☐ DELETE

NAME EBY, SR. MARY CARROLL
STREET ADDRESS 333 SOUTH SETON AVENUE
CITY-ST-ZIP EMMITSBURG MD 21727

TITLE D ☐ DELETE

NAME SMALL, JAMES E
STREET ADDRESS 1302 CONCOURSE DRIVE, SUITE 300
CITY-ST-ZIP LINTHICUM MD 21090

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)