SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 27 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 # F96000005966 (4)

1. Corporation Name

BON SECOURS HEALTH SYSTEM, INC.

Principal Place of Business	Mailing Address
1505 MARRIOTTSVILLE RD. MARRIOTTSVILLE MD 21104	1505 MARRIOTTSVILLE RD. MARRIOTTSVILLE MD 21104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1996
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24):
Country (25):
Zip (29):
Country (30):

4. FEI Number: 52-1301088 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

BOONE, STEPHEN K
1001 AVENIDA DEL CIRCO
VENICE FL 34285

10. **Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO CARNEY, CHRISTOPHER M 1505 MARRIOTTSVILLE RD. MARRIOTTSVILLE MD 21104	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ECK, PATRICIA 5801 BREMO RD. RICHMOND VA 23226	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	C/D 1505 Marriottsville Road Marriottsville, MD 21104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERGUSON, VERNICE 132 QUINCY PLACE, N.E. WASHINGTON DC 20002	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDES, JOHN SISTER 249 MAITLAND AVE. ALTAMONTE SPRINGS FL 32701-4201	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Fernandes, John	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLAHERTY, MARY J SISTER SCHOOL OF NURSING-CATHOLIC UNIVERSITY OF A WASHINGTON DC 20064	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLYNN, NANCY SISTER 2000 W. BALTIMORE ST. BALTIMORE MD 21223	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	1500 North 28th Street Richmond, VA 23223	☐ Change ☐ Addition

CR2E037 (4/97)

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.

(410) 442-3310

SIGNATURE: Lit SIGNATURE REQUIRED Lutz Asst. Secretary August 18, 1997

BON SECOURS HEALTH SYSTEM, INC.
ADDITIONAL OFFICERS AND DIRECTORS
FOR 1997 ANNUAL REPORT

D
Brown, Charles H.,
36 South Charles Street, Suite 2500
Baltimore, MD 21201

D
Collins, Sister Michele
285 Bellevue Road
Pittsburgh, PA 15229-2195

D
Kennedy, John
101 Cheswold Lane
Haverford, PA 19041

D
Knapp, Dr. Robert W.
3101 American Legion Road
Chesapeake, VA 23321

D
Langan, Rev. John P.
1437 37th Street
Washington, D.C. 20057

S/D
Lutz, Sister Anne M.
1505 Marriottsville Road
Marriottsville, MD 21104

D
McCarty, Brent
5950 Berkshire Lane
Dallas, TX 75225

D
Miller, Paul G.
2360 W. Joppa Road, Suite 220
Lutherville, MD 21093

D
Pawlson, Dr. L. Gregory
2150 Pennsylvania Avenue, N.W.
Washington, D.C. 20037

D
Rogers, Sister Mary Catherine
540 The Rialto
Venice, FL 34285-3298

D
Shimo, Sister Mary
1515 Marriottsville Road
Marriottsville, MD 21104

D
Strange, Donald E.
85 Devonshire Street
Boston, MA 02109

D
Talone, Sister Alice M.
2000 West Baltimore Street
Baltimore, MD 21223

D
Thomas, Sister Rita
110 Kingsley Lane, Suite 302
Norfolk, VA 23505

T
Cottrell, Michael W.
1505 Marriottsville Road
Marriottsville, MD 21104