

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F96000005966

*1. Entity Name

BON SECOURS HEALTH SYSTEM, INC.

FILED

02 SEP -5 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1505 Marriottsville Rd.

Suite, Apt. #, etc.

3. Mailing Address

1505 Marriottsville Rd.

Suite, Apt. #, etc.

City & State

Marriottsville, MD

City & State

Marriottsville, MD

4. FEI Number

52-1301088

Applied For

Not Applicable

Zip

21104

Country

U.S.A.

Zip

21104

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Stephen K. Boone

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

1001 Avenida Del Circo

City

Venice

FL

Zip Code
34285

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IN THIS SPACE**

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
	SEE ATTACHED		
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
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TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)

**BON SECOURS HEALTH SYSTEM
BOARD OF DIRECTORS
JANUARY 1, 2002**

D
Mr. Ronald R. Aldrich
One Huntington Quadrangle, Suite 4C04
Melville, New York 11747

D
Mr. G. Robert Aston, Jr.
5716 High Street, West
Portsmouth, Virginia 23703

D
Mr. Charles H. Brown, III
100 South Charles Street, Suite 1300
Baltimore, Maryland 21201-2714

P
Christopher M. Carney
1505 Marriottsville Road
Marriottsville, Maryland 21104

D
Sister Barbara Conroy, S.C.
2 Convent Road
Convent Station, New Jersey 07961

D
Mr. Timothy Davis
3000 N. Grandview Boulevard, #W-408
Waukesha, WI 53188

D
Sister Patricia A. Dowling, C.B.S.
29B North Fulton Avenue
Baltimore, MD 21223

CD
Sister Patricia A. Eck, C.B.S.
1505 Marriottsville Road
Marriottsville, Maryland 21104

D
Joyce D. Kirkland Essien, M.D.
1518 Clifton Road, N.E.
Atlanta, Georgia 30322

D
Stephanie L. Ferguson, Ph.D., R.N.
4400 University Drive, MS 3C4
Fairfax, VA 22030-4444

D
Sister Anne M. Lutz
1505 Marriottsville Road
Marriottsville, Maryland 21104

D
Sr. Anne Marie Mack
1525 Marriottsville Road
Marriottsville, MD 21104

D
Fr. Kevin P. Quinn, S.J.
600 New Jersey Avenue, N.W.
Washington, D.C. 20001-2075

D
Lisa Rogers
270 Park Avenue, Floor 48
New York, NY 10017

D
Donald G. Seitz, M.D.
105 Ashley Drive
Richmond, VA 23233

D
Richard Serafini
353 Royal Tern Road, South
Ponte Vedra Beach, FL 32082

D
Sister Mary Shimo
2000 West Baltimore Street
Baltimore, MD 21223

D
Sister Alice Talone
2000 West Baltimore Street
Baltimore, Maryland 21223

D
Mr. Jerry Widman
144 Fort Sumter Way
St. Charles, MO 63303

D
Susan Windham-Bannister, Ph.D.
181 Spring Street
Lexington, MA 02421-8030