

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90116 040 ****61.25

60026801



DOCUMENT # F96000005966 1. Entity Name BON SECOURS HEALTH SYSTEM, INC.					
Principal Place of Business 1505 MARIOTTSTVILLE RD. MARIOTTSTVILLE, MD 21104			Mailing Address 1505 MARIOTTSTVILLE RD. MARIOTTSTVILLE, MD 21104		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 52-1301088	
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent BOONE, STEPHEN K 1001 AVENIDA DEL CIRCO VENICE, FL 34285		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDRICH, RONALD R 51 RANCH ESTATES ROAD SANTA FE, NM 87506 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition * SEE ATTACHED SHEET FOR COMPLETE LIST OF OFFICERS AND DIRECTORS WITH CURRENT ADDRESSES.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STATUTO, RICH J 1505 MARIOTTSTVILLE ROAD MARIOTTSTVILLE, MD 21104 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CHARLES H III 100 SOUTH CHARLES STREET, SUITE 1300 BALTIMORE, MD 212012714 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ LAFONTAINE, LAURIE MR: 885370 BOX 1469 MINNEAPOLIS, MN 554401469 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MR: 85370 Box 1469 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONROY, BARBARA SISTER 446 EDMUND AVE PATERSON, NJ 07502 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 406 Edmund Avenue	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, TIMOTHY 4855 WEST ELECTIC AVE; MAILDROP EA56 MILWAUKEE, WI 53219 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 540 West Northwest Avenue Barrington, IL 60010-3075	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Martha Riva, Secretary 4/6/06 410-442-3244					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

**BON SECOURS HEALTH SYSTEM
BOARD OF DIRECTORS
JANUARY 1, 2006**

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Mr. Ronald R. Aldrich
51 Ranch Estates Road
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Mr. Timothy Davis
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Sister Patricia A. Eck, C.B.S.
Chairperson, Board of Directors
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ATTACHMENT

Board of Directors
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Other Officers Who Are Not Members

Michael W. Cottrell – **Treasurer**
Senior Vice President, Finance
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Martha C. Riva, Esq. - **Secretary**
Senior Vice President, Governance
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