2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# F96000005966

Entity Name: BON SECOURS HEALTH SYSTEM, INC.

Current Principal Place of Business:

1505 MARRIOTTSVILLE RD.
MARRIOTTSVILLE, MD 21104

New Principal Place of Business:

Current Mailing Address:

1505 MARRIOTTSVILLE RD.
MARRIOTTSVILLE, MD 21104

New Mailing Address:

FEI Number: 52-1301088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOONE, STEPHEN K
1001 AVENIDA DEL CIRCO
VENICE, FL 34285 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: PD ( ) Delete
Name: STATUTO, RICH J
Address: 1505 MARRIOTTSVILLE ROAD
City-St-Zip: MARRIOTTSVILLE, MD 21104

Title: D ( ) Delete
Name: LAFONTAINE, LAURIE
Address: 2925 CHICAGO AVE.
City-St-Zip: MINNEAPOLIS, MN 55407

Title: D ( ) Delete
Name: CONROY, BARBARA SISTER
Address: 406 EDMUND AVE
City-St-Zip: PATERSON, NJ 07502

Title: D ( ) Delete
Name: JIMENEZ, DAVID MR.
Address: 615 ELSINORE PLACE
City-St-Zip: CINCINNATI, OH 45202

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change ( ) Addition
Name: ECK, SR. PATRICIA A
Address: 1505 MARRIOTTSVILLE ROAD
City-St-Zip: MARRIOTTSVILLE, MD 21104

Title: D (X) Change ( ) Addition
Name: ALLEN, CHRIS
Address: 3031 W. GRAND BOULEVARD, SUITE 545
City-St-Zip: DETROIT, MI 48202

Title: D (X) Change ( ) Addition
Name: BLAIR, RICHARD
Address: 2387 LEHMAN LANE
City-St-Zip: BLAINE, MN 55449

Title: D ( ) Change (X) Addition
Name: CAREY, MICHAEL
Address: 6 RASPBERRY TRAIL
City-St-Zip: WARREN, NJ 07059

Title: S ( ) Change (X) Addition
Name: RIVA, MARTHA C
Address: 1505 MARRIOTTSVILLE ROAD
City-St-Zip: MARRIOTTSVILLE, MD 21104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTHA C. RIVA S 02/18/2009

Electronic Signature of Signing Officer or Director — Date