

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90197 001 ****61.25

DOCUMENT # F98000000757

1. Corporation Name

CATHOLIC HEALTH EAST, INC.

Principal Place of Business

100 MATSONFORD RD., BLDG 3
STE 220
RADNOR PA 19087

Mailing Address

100 MATSONFORD RD., BLDG 3
STE 220
RADNOR PA 19087



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
02/09/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
23-2929748

Applied For
Not Applicable

22 **14 Campus Blvd Ste 4300**

27 **14 Campus Blvd Suite 300**

23 **Newtown Square PA**

28 **Newtown Square PA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 **19073** 25 **USA**

29 **19073** 30 **USA**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **CONNORS, EDWARD J**
STREET ADDRESS **10 MAIN STREET**
CITY-ST-ZIP **MORRISVILLE VT**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BENJAMIN, REGINA**
STREET ADDRESS **13823 SHELL BELT ROAD**
CITY-ST-ZIP **BAYOU LA BATRE AL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **RUSSELL, DANIEL F**
STREET ADDRESS **100 MATSONFORD RD, BLDG 3, STE 220**
CITY-ST-ZIP **RADNOR PA**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **URBAN, STANLEY T**
STREET ADDRESS **100 MATSONFORD RD, BLDG 3, STE 220**
CITY-ST-ZIP **RADNOR PA**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **RUSSELL, C K**
STREET ADDRESS **100 MATSONFORD RD, BLDG 3, STE 220**
CITY-ST-ZIP **RADNOR PA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CANTONIS, GEORGE M**
STREET ADDRESS **855 EAST PINE STREET**
CITY-ST-ZIP **TARPON SPRINGS FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Daniel F. Russell

4/28/99

610 355-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)