



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90021 032 ****61.25

DOCUMENT # F98000000757					
1. Entity Name CATHOLIC HEALTH EAST, INC.					
Principal Place of Business 14 CAMPUS BLVD SUITE 300 NEWTON SQUARE, PA 19073 US			Mailing Address 14 CAMPUS BLVD SUITE 300 NEWTON SQUARE, PA 19073 US		
2. Principal Place of Business 14 Campus Blvd. Suite, Apt. #, etc. Suite 300 City & State Newtown Square, PA Zip 19073 Country Delaware		3. Mailing Address 14 Campus Blvd. Suite, Apt. #, etc. Suite 300 City & State Newtown Square, PA Zip 19073 Country Delaware			
4. FEI Number 23-2929748				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$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	PCEO STANEK, ROBERT V 14 CAMPUS BLVD., SUITE 300 NEWTOWN SQUARE, PA 19073	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S URBAN, STANLEY T 14 CAMPUS BLVD., STE 300 NEWTOWN SQUARE, PA 19073	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Michael C. Hemsley 14 Campus Blvd., Suite 300 Newtown Square, PA 19073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT DE ANGELIS, PETER L JR. 14 CAMPUS BLVD., STE 300 NEWTOWN SQUARE, PA 19073	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNORS, EDWARD 356 TENNOCY HILL ROAD HYDE PARK, VT 05655	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, REGINA 318 PATRICIAN DRIVE SPANISH FORT, AL 36527	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAFORDE, EARLE L 1327 PROSPECT HILL ROAD VILLANOVA, PA 19085	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____			Date: 1/4/06 Daytime Phone #: 610-355-2095		