2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYP

Secretary of State DOCUMENT # F98000000757 02-06-2007 90008 039 ****61.25 CATHOLIC HEALTH EAST, INC. Principal Place of Business Mailing Address 40009986 14 CAMPUS BLVD 14 CAMPUS BLVD SUITE 300 SUITE 300 **NEWTON SQUARE, PA 19073** NEWTON SQUARE, PA 19073 2. Principal Place of Business No P.O. Box # 14 Campus Blvd. Mailing Address Suite, Apt. #, etc. 01152007 Chg-NP CR2E037 (12/06) 4. FEI Number 23-2929748 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Delete **PCFO** TITLE TITLE ☐ Change ☐ Addition NAME STANEK, ROBERT V STREET ADDRESS 14 CAMPUS BLVD., SUITE 300 STREET ADDRESS CITY-ST-ZIP NEWTOWN SQUARE, PA 19073 CITY-ST-ZIP S TITLE ☐ Delete TITLE ☐ Change ☐ Addition HEMSLEY, MICHAEL C NAME NAME 14 CAMPUS BLVD., STE 300 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP NEWTOWN SQUARE, PA 19073 CITY-ST-ZIF EVPT TITLE ☐ Delete TITLE Change ☐ Addition DE ANGELIS PETER LUR NAME NAME STREET ADDRESS 14 CAMPUS BLVD., STE 300 STREET ADDRESS **NEWTOWN SQUARE, PA 19073** CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE □ Change ☐ Addition CONNORS, EDWARD NAME NAME STREET ADDRESS 356 TENNCY HILL ROAD STREET ADDRESS CITY-ST-ZIP HYDE PARK, VT 05655 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE BENJAMIN, REGINA NAME STREET ADDRESS 318 PATRICIAN DRIVE STREET ADDRESS SPANISH FORT, AL 36527 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BRAFORD, EARLE L NAME 1327 PROSPECT HILL ROAD STREET ADDRESS STREET ADDRESS VILLANOVA, PA 19085 CITY-ST-ZIP CiTY-ST-ZIP 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.

FILED Feb 06, 2007 8:00 am

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DOCUMENT # F9800000757 1. Entity Name CATHOLIC HEALTH EAST, INC.				ALIACHMENT			
Principal Place of Business 14 CAMPUS BLVD SUITE 300 NEWTON SQUARE, PA 19073 US Address 14 CAMPUS BLVD SUITE 300 NEWTON SQUARE, I 2. Principal Place of Business & No P.O. Box # 3. Mailing Address			19073 U\$	40009986			
14 Campus Blvd. 14 Cam Suite, Apt. # etc. Suite, Apt. # Suite 300 Suite			Blud.	01152007 C	Chg-NP CR2	E037 (12/06)	
City & State News Zip 1907	Fown Square, PA	City & State New fown _ Zip 1.9073	Square, PA Country USA	FEI Number 23-292974 Certificate of S		_ 	
C T CORP	6. Name and Address of Current F ORATION SYSTEM TH PINE ISLAND ROAD ION, FL 33324	Name	7. Name and Address of New Registered Agent				
The above named entity submits this statement for the purpose of changing its regist			City	City FL Zip Code			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title it applicable. (NOTE 9. Election Cam Trust Fund C	· · · -	\$5.00 May Be Added to Fees		TE leck payable to partment of S	
10.	OFFICERS AND DIR				SES TO OFFICERS AND	* 4 × *:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO STANEK, ROBERT V 14 CAMPUS BLVD., SUITE 300 NEWTOWN SQUARE, PA 19073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEMSLEY, MICHAEL C 14 CAMPUS BLVD., STE 300 NEWTOWN SQUARE, PA 19073	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT DE ANGELIS, PETER L JR. 14 CAMPUS BLVD., STE 300 NEWTOWN SQUARE, PA 19073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNORS, EDWARD 356 TENNCY HILL ROAD HYDE PARK, VT 05655	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, REGINA 318 PATRICIAN DRIVE SPANISH FORT, AL 36527	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAFORD, EARLE L 1327 PROSPECT HILL ROAD VILLANOVA, PA 19085	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	true and accurate and that m wered to execute this report a	ly signature shall have the as required by Chapter 6	e same legal effect as 17, Florida Statutes; a ,	if made under oath; the nd that my name appea	at I am an office	r or director
SIGNAT	TURE: SIGNATURE AND TYPES/OR PI	RINTED NAME OF SIGNING OFFICER O	Michael (? Hemsley	1/15/07 (010-355 Daytime Phone •	2047