

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90008 039 ****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**

40009986



2. Principal Place of Business - No P.O. Box #
14 Campus Blvd.

Suite, Apt. #, etc.
Suite 300

City & State
Newtown Square, PA

Zip
19073

Country
USA

3. Mailing Address
14 Campus Blvd.

Suite, Apt. #, etc.
Suite 300

City & State
Newtown Square, PA

Zip
19073

Country
USA

01152007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-2929748

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	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 HEMSLEY, MICHAEL C 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	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 TENNCY 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 BRAFOR, 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: Michael C. Hemsley 1/15/07 610-355-2047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

DOCUMENT # F98000000757			
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2. Principal Place of Business - No P.O. Box # 14 Campus Blvd.		3. Mailing Address 14 Campus Blvd.	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Newtown Square, PA		City & State Newtown Square, PA	
Zip 19073	Country USA	Zip 19073	Country USA
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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SIGNATURE: <u>Michael C. Hemsley</u> 1/15/07 610-355-2047 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			