2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008345

Name:

Address:

City-St-Zip:

Entity Name: FRANCISCAN COMPANIONS OF THE IMMACULATE, INC.

FILED Mar 23, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7216 SAN SEBASTIAN CIRCLE 7216 SAN SEBASTIAN DRIVE BOCA RATON, FL 33433 BOCA RATON, FL 33433 **Current Mailing Address: New Mailing Address:** 7216 SAN SEBASTIAN CIRCLE 7216 SAN SEBASTIAN DRIVE BOCA RATON, FL 33433 BOCA RATON, FL 33433 FEI Number: 57-1135544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAY, ROBERT FRANCIS CFI RAY, ROBERT FRANCIS SFI 7216 SAN SEBASTIAN CIRCLE 7216 SAN SEBASTIAN DRIVE BOCA RATON, FL 33433 BOCA RATON, FL 33433 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: ROBERT FRANCIS RAY, SFI 03/23/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition FLECHNER, JACK Name: Name: Address: Address: 7216 SAN SEBASTIAN DRIVE City-St-Zip: City-St-Zip: BOCA RATON, FL 33433 US Title: Title: () Change (X) Addition () Delete Name: Name: SANDOVAL, HAROLD D Address: Address: 7216 SAN SEBASTIAN DRIVE City-St-Zip: City-St-Zip: BOCA RATON, FL 33433 US Title: () Delete Title: () Change (X) Addition DEKOCK, RONN SFI Name: Name: 7216 SAN SEBASTIAN DRIVE Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33433 US Title: () Delete Title: () Change (X) Addition Name: Name: RAY, ROBERT F SFI 7216 SAN SEBASTIAN DRIVE Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33433 US Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

TROCOLA, PAUL SFI

7216 SAN SEBASTIAN DRIVE

BOCA RATON, FL 33433 US

SIGNATURE: RONN DEKOCK, SFI P 03/23/2003