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May 19, 1999 8:00 am
Secretary of State

05-19-1999 90021 001 *1,485.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N02861

1. Corporation Name

ST. MARY'S ANCILLARY SERVICES, INC.

562400 - 90021 - 4

Principal Place of Business

901 45TH STREET
WEST PALM BEACH FL 33407

Mailing Address

901 45TH STREET
WEST PALM BEACH FL 33407



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/01/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2445991

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARCOMBE, VALERIE G
1309 N FLAGLER DR
WEST PALM BEACH FL 33401

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)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD DELETE
NAME FREDERICK ADLER
STREET ADDRESS 901 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE S DELETE
NAME LARCOMBE, VALERIE G
STREET ADDRESS 901 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE PD DELETE
NAME DUTCHER, PHIL
STREET ADDRESS 901 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE TD DELETE
NAME NASK, FRANK
STREET ADDRESS 901 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE D DELETE
NAME THOMAS MCCLOSKEY
STREET ADDRESS 901 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE D DELETE
NAME RICHARD S JOHNSON
STREET ADDRESS 901 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

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

4/30/99

561650 6223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)