

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11490**

(2)

1. Corporation Name

ST. MARY'S CARE SERVICES, INC.



Principal Place of Business

Mailing Address

**901 45TH STREET
WEST PALM BEACH FL 33407-2495
US**

**901 45TH STREET
WEST PALM BEACH FL 33407-2495
US**

3. Date Incorporated or Qualified

10/08/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WATTS, HOWARD W~~
**901 45TH STREET
WEST PALM BEACH FL 33407**

81 Name

Valerie Goodwin Larcombe

82 Street Address (P.O. Box Number is Not Acceptable)

83

500001812585

84 City

-05/08/96--01011--016

*****1735.00**

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BOWER-BROWN, JULIA	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WATTS, HOWARD W	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COMAS, M. VIATOR GISTER	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MUDANO, MARIO	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MILLER, WENTZ	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SNYDER, GAYLORD M	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Martin Murphy	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael French	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Valerie Goodwin Larcombe	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Greg Gardner	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Phil Dutcher	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Phyllis Savill	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(407)650-6223

Daytime Phone

CR2E037 (12/95)