

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
US901 45TH STREET  
WEST PALM BEACH FL 33407-2413  
US3. Date Incorporated or Qualified  
10/08/19853a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 625 No. Flagler Drive

4. FEI Number

59-2770616

Applied For

Not Applicable

22 City &amp; State

27 Suite, Apt. #, etc.

27 Suite 650

5. Certificate of Status Desired

XXX

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

28 West Palm Beach, FL

Country

30 Palm Beach

6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARCOMBE, VALERIE G  
901 45TH STREET  
WEST PALM BEACH FL 3340781 Name  
Valerie G. Larcombe82 Street Address (P.O. Box Number is Not Acceptable)  
1309 No. Flagler Drive

83

84 City  
West Palm Beach

FL

85 Zip Code  
33401

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

4-28-97

## 12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MURPHY, MARTIN	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRENCH, MICHAEL	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LARCOMBE, VALERIE G	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARDNER, GREG	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUTCHER, PHIL	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAVILL, PHYLLIS	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Frank Nask
4.3 STREET ADDRESS	901 45th Street
4.4 CITY-ST-ZIP	West Palm Beach, FL 33407
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PD Phillip C. Dutcher
5.3 STREET ADDRESS	901 45th Street
5.4 CITY-ST-ZIP	West Palm Beach, FL 33407
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

561-650-6126

Date

Daytime Phone # 0040387

CR2E037 (9/96)