

FILE NOW: FILING FEE IS \$61.25

FILED  
May 07 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

**625 N FLAGLER DR  
SUITE 650  
WEST PALM BEACH FL 33401  
US**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

**10/08/1985**

4. FEI Number

**59-2770616**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

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 33407**

81 Name

**Valerie G. Larcombe**

82 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

**4/30/98**

12. OFFICERS AND DIRECTORS	
TITLE	<b>CD</b>
NAME	<b>MURPHY, MARTIN</b>
STREET ADDRESS	<b>901 45TH STREET</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>
TITLE	<b>S</b>
NAME	<b>LARCOMBE, VALERIE G</b>
STREET ADDRESS	<b>901 45TH STREET</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>
TITLE	<b>TD</b>
NAME	<b>NASK, FRANK</b>
STREET ADDRESS	<b>901 45TH STREET</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>PD</b>
NAME	<b>DUTCHER, PHIL</b>
STREET ADDRESS	<b>901 45TH STREET</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**100002515821**  
**-05/07/98--01096--005**  
**\*\*\*1843.75**

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.

SIGNATURE

**4/30/98 650-6333**

CR2E037 (10/97)