

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90152 001 *1,685.00

DOCUMENT # N11490

1. Entity 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 33401-4025 US

1 2 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
901 45th Street		West Palm Beach, FL	
Saunders Hall		Palm Beach	


4. FEI Number	Applied For
59-2770616	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LARCOMBE, VALERIE G 1309 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name Valerie G. Larcombe, Esquire
Street Address (P.O. Box Number is Not Acceptable) Akerman Senterfitt
777 S. Flagler Drive, Suite 900E
City West Palm Beach FL Zip Code 33401

8. 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  Valerie G. Larcombe, 4/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
CD MURPHY, MARTIN 901 45TH STREET WEST PALM BEACH FL 33407-2495	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
S LARCOMBE, VALERIE G 901 45TH STREET WEST PALM BEACH FL 33407-2495	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TD NASK, FRANK 901 45TH STREET WEST PALM BEACH FL 33407-2495	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PD DUTCHER, PHIL 901 45TH STREET WEST PALM BEACH FL 33407-2495	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD Michael Loscalzo 901 45th Street West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD Steven Nathan 901 45th Street West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  REQUIRED Steven Nathan 4/27/00 561-650-6201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President and CEO Daytime Phone #

CR2E037 (9/99)