

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11490

1. Entity Name

ST. MARY'S CARE SERVICES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90289 001 *1,185.00

72277



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

901 45TH ST
 SAUNDERS HALL
 WEST PALM BEACH FL 33407
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2770616

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARCOMBE, VALERIE G ESQ
 AKERMAN SENTERFITT
 777 S. FLAGLER DRIVE, SUITE 900E
 WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☒ Delete
 NAME MURPHY, MARTIN
 STREET ADDRESS 901 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33407-2495

TITLE CPD ☐ Change ☒ Addition
 NAME Robert Stanek
 STREET ADDRESS 901 45th Street
 CITY-ST-ZIP West Palm Beach, FL 33407

TITLE S ☐ Delete
 NAME LARCOMBE, VALERIE G
 STREET ADDRESS 901 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33407-2495

TITLE S ☒ Change ☐ Addition
 NAME Valerie G. Larcombe
 STREET ADDRESS 777 So. Flagler Drive, Suite 900-East
 CITY-ST-ZIP West Palm Beach, FL 33401

TITLE TD ☐ Delete
 NAME LOSCALZO, MICHAEL
 STREET ADDRESS 901 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☒ Delete
 NAME NATHAN, STEVEN
 STREET ADDRESS 901 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ Change ☒ Addition
 NAME Kenneth Eshak
 STREET ADDRESS 901 45th Street
 CITY-ST-ZIP West Palm Beach, FL 33407

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

[Signature]

CR2E037 (10/00)