

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91599 020 \*\*\*\*61.25

DOCUMENT # N11490

1. Entity Name

ST. MARY'S CARE SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

674081

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1401 FORUM WAY

Suite, Apt. #, etc.

SUITE 101

City & State

WEST PALM BEACH, FL

Zip

33401

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

592770616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

DALE S. WEBBER

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

401 E. JACKSON ST.

SUITE 2500

City

TAMPA

FL

Zip Code  
33602

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 reinstating)

DATE

5/13/02

**FEE IS \$61.25  
Initial or Amended UBR**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
DANIEL F. RUSSELL  
1401 FORUM WAY, SUITE 101  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
C. KENT RUSSELL  
1401 FORUM WAY, SUITE 101  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ROBERT V. STANEK  
1401 FORUM WAY, SUITE 101  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
WILLIAM BRICKER  
1401 FORUM WAY, SUITE 101  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William J Bricker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J BRICKER

Date

Daytime Phone #

5/20/02 561-686-0769

CR2E037B (12/01)