

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90133 017 ****61.25

DOCUMENT # N11490

1. Entity Name
ST. MARY'S CARE SERVICES, INC.



Principal Place of Business
**1401 FORUM WAY SUITE 101
WEST PALM BEACH FL 33401
US**

Mailing Address
**1401 FORUM WAY
SUITE 101
WEST PALM BEACH FL 33401
US**

2. Principal Place of Business
**1645 Palm Beach Lakes Blvd.
Suite, Apt. #, etc.
440**

3. Mailing Address
**1645 Palm Beach Lakes Blvd.
Suite, Apt. #, etc.
440**

City & State
West Palm Beach, FL
Zip
33401
Country
USA

City & State
West Palm Beach, FL
Zip
33401
Country
USA

4. FEI Number **59-2770616**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WEBBER, DALE S
401 E JACKSON ST SUITE 2500
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARCOMBE, VALERIE G 777 SOUTH FLAGLER DRIVE #900 E WEST PALM BEACH FL 33407-2495	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOSCALZO, MICHAEL 901 45TH STREET WEST PALM BEACH FL 33407	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD STANEK, ROBERT 901 45TH STREET WEST PALM BEACH FL 33407-2495	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESHAK, KENNETH 901 45TH STREET WEST PALM BEACH FL 33407-2495	<input checked="" type="checkbox"/> Delete
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	OD Russell, Daniel F. 1645 Palm Beach Lakes Blvd., Ste 440 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Russell, C. Kent 1645 Palm Beach Lakes Blvd., Ste 440 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Staneck, Robert V. 1645 Palm Beach Lakes Blvd., Ste. 440 West Palm Beach, FL 33401	<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
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

SIGNATURE REQUIRED Robert V. Staneck 2/28/03 (561)686-0769

CR2E037 (10/02)