

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90019 043 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N15413</b> 1. Entity Name <b>FRANCISCAN PROPERTIES, INC.</b>					
Principal Place of Business <b>3001 W DR MARTIN LUTHER KING JR BLVD.          TAMPA, FL 33607 US</b>				Mailing Address <b>ATTN: ISAAC MALLAH          3001 W MARTIN LUTHER KING JR BLVD.          TAMPA, FL 33607 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2822519</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MALLAH, ISAAC          3001 W MARTIN LUTHER KING JR BLVD.          ADMINISTRATION DEPT., ST. JOSEPH'S HOSPITAL          TAMPA, FL 33607</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25          Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MALLAH, ISAAC 3001 W DR MARTIN LUTHER KING JR BLVD. TAMPA, FL 33607</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD VAALER, M 3001 W DR MARTIN LUTHER KING JR BLVD. TAMPA, FL 33607</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS FLYNN, CAROL 3001 W DR MARTIN LUTHER KING JR BLVD. TAMPA, FL 33607</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS Balicki, Brenda 3001 W DR MARTIN LUTHER KING JR BLVD. TAMPA, FL 33607</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD YODER, CATHY 3001 W DR MARTIN LUTHER KING JR BLVD. TAMPA, FL 33607</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D AUBIN, M 3001 W DR MARTIN LUTHER KING JR BLVD. TAMPA, FL 33607</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LUTTON, LORRAINE 3001 WEST DR. MARTIN LUTHER KING JR BLVD TAMPA, FL 33607</b>	<input type="checkbox"/> Delete		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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>				<b>4/23/08 (813) 870-4020</b> Date Daytime Phone #	