

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90697 001 ***122.50

DOCUMENT # N27215 1. Entity Name BON SECOURS - MARIA MANOR NURSING CARE CENTER, INC.					
Principal Place of Business 10300 4TH ST. N. ST. PETERSBURG, FL 33716			Mailing Address 10300 4TH ST. N. ST. PETERSBURG, FL 33716		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0067869	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WARD, MICHAEL 10300 4TH STREET NORTH ST. PETERSBURG, FL 33716				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE: <u>Michael Ward CEO/EVP</u> <u>3/3/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, MARY CATHERINE SR. 10300 4TH STREET NO. ST. PETERSBURG, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BURNS, PETER 15110 CRAGGY CLIFF STREET TAMPA, FL 33625	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, KAREN RN DON 10300 4TH ST. N. ST. PETERSBURG, FL 33716	<input checked="" 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	D SPIKES, MARY 10300 4TH ST. N. ST. PETERSBURG, FL 33716	<input checked="" 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	S WARD, MICHAEL 10300 4TH STREET N SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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 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: <u>Michael Ward</u> <u>3/3/05</u> <u>727-568-1000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Bon Secours Maria Manor Nursing Care Center, Inc.
List of Board of Directors 3/2/2005

ATTACHMENT 66010602
N27215

BARBARA BICE 327 Rafael Blvd., NE St. Petersburg, FL 33704	Director
PETER BURNS 1213 16 th Street N St. Petersburg, FL 33705	Chariperson/Director
ALEXA CLARK, RN, BSN, CRRN, NHA 1108 Gulf Boulevard, Suite #206 Indian Rocks Beach, FL 33785	Director
THOMAS GAUKEL 3200 Walnut Street NE St. Petersburg, FL 33704	Director
HARRY B. JONES 2474 Baywood Drive West Dunedin, FL 34698-2018	Director
MANUELA OPPEN JORDAN, ESQ. 405 2 nd Street South, Suite B Safety Harbor, FL 34695	Director
ROBYNE J. MALYS 4035 Church Creek Point Largo, FL 33774	Director
SR. FRANCES McCABE, CBS 7525 N. W. Second Avenue Miami, FL 33150	Director
TERENCE MCCARTHY 225 3 rd Street N St. Petersburg, FL 33701	Director
ROLAND METIVIER 2323 9 th Avenue North St. Petersburg, FL 33713	Director
Donna Potter, RNS, DDMHCT 569 85 th Avenue North St. Petersburg, FL 33702	Director
KAREN REICH 1200 7th Avenue N. St. Petersburg, FL 33705	Director
FADI SABA, MD 2763 1 st Ave N St. Petersburg, FL 33713	Director
ROBERT SHERMAN 1200 7 th Avenue N St. Petersburg, FL 33705	Director
SR. MARY CATHERINE ROGERS 540 The Rialto Venice, FL 34285	Sister President/Director
MIKE WARD 10300 4th Street North St. Petersburg, FL 33716	Administrator