


FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90112 005 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0067869	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBBER, DALE S BUCHANAN INGERSOLL & ROONEY PC 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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	D	<input checked="" type="checkbox"/> Delete	TITLE	Chief Executive Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, MARY CATHRINE SR		NAME	James T. Higgins	
STREET ADDRESS	10300 4TH ST N		STREET ADDRESS	10300 4th Street North	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, HARRY		NAME	Sr. Mary Lou Moran	
STREET ADDRESS	10300 4TH ST N		STREET ADDRESS	10300 4th Street North	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	D	<input type="checkbox"/> Delete	TITLE	NHA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAUKEL, THOMAS		NAME	Janet R. Keller, MS, NHA	
STREET ADDRESS	10300 4TH ST N		STREET ADDRESS	10300 4th Street N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICH, KAREN J		NAME		
STREET ADDRESS	10300 4TH ST N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ALEXA		NAME		
STREET ADDRESS	10300 4TH ST N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <i>Janet R. Keller, MS, NHA</i>			6/1/07 127-576-1025		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		