


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90112 022 \*\*\*\*61.25

DOCUMENT # N27215 1. Entity Name <b>BON SECOURS - MARIA MANOR NURSING CARE CENTER, INC.</b>	
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Principal Place of Business 10300 4TH ST. N. ST. PETERSBURG, FL 33716	Mailing Address 10300 4TH ST. N. ST. PETERSBURG, FL 33716
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**DO NOT WRITE IN THIS SPACE**



02152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0067869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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
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**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO HIGGINS, JAMES T 10300 4TH ST NORTH SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, HARRY 10300 4TH ST N SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <del>GAUKEL, THOMAS</del> <del>10300 4TH ST N</del> <del>SAINT PETERSBURG, FL 33716</del>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REICH, KAREN J 10300 4TH ST N SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP MORAN, MARY LOU SR 10300 4TH ST NORTH SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: <u><i>Karen Reich</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3-31-08</u> <small>Date</small>	 <small>Daytime Phone #</small>
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