

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27215

FILED
Feb 11, 2009
Secretary of State

Entity Name: BON SECOURS - MARIA MANOR NURSING CARE CENTER, INC.

Current Principal Place of Business:

10300 4TH ST. N.
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

10300 4TH ST. N.
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 65-0067869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBBER, DALE S
BUCHANAN INGERSOLL & ROONEY PC
401 E JACKSON ST, SUITE 2500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HIGGINS, JAMES T
Address: 10300 4TH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D () Delete
Name: JONES, HARRY
Address: 10300 4TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D () Delete
Name: REICH, KAREN J
Address: 10300 4TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: SVP () Delete
Name: MORAN, MARY LOU SR
Address: 10300 4TH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN REICH

D

02/11/2009

Electronic Signature of Signing Officer or Director

Date