

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27215

FILED  
Feb 18, 2011  
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  
Name: HIGGINS, JAMES T  
Address: 10300 4TH ST NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33716

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KAREN REICH

EVP

02/18/2011

Electronic Signature of Signing Officer or Director

Date