2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49702

1. Entity Name

VILLA FRANCISCAN, INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90088 012 ****70.00

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Principal Place of Business 2101 AVENUE F RIVIERA BEACH FL 33404		Mailing Address POST OFFICE BOX 109650 PALM BEACH GARDENS FL 33410 US)	TRUT 2001 ADVID TIDI BIDIT DIRIT	ifall Block Elg	#1 6.41 12 4 13 4
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0349169		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of State		8.75 Add	ditional
•	6. Name and Address of Current	!		7. Name and Addre	ss of New Registered Ag		
	All Company of the Co		Name				
	ALD, J. PATRICK RICK WAY		Street Address	s (P.O. Box Number is Not Acceptable)			
SUITE 24							
CORAL GABLES FL 33134			City		FL	Zip Code	 -
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regist	tered agent, or both, in the	e State of Florida. I am fan	niliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	:: Registered Agent signature requi	ired when reinstating)	DATE		
	organical types of printed filants of regional agent a	- COL					
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10
TITLE	PD					Change	☐ Addition
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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: X MACADOLINE Schulze