FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000000988 (5)**

1. Corporation Name

FRANCISCAN HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
6200 COURTNEY CAMPBELL CAUSEWAY SUITE 100 TAMPA FL 33607	6200 COURTNEY CAMPBELL CAUSEWAY SUITE 100 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report: N/A
4. FEI Number: [X] Applied For [ ] Not Applicable
5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: [X] **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~BICE, MICHAEL O~~
6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: DOOLEY MICHAEL T
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: M T Dooley — 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when manually filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SULLIVAN, O.S.F., SR. MARIE CELESTE 6200 COURTNEY CAMPBELL CAUSEWAY, #100 TAMPA, FL 33607	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WATTS, HOWARD 6200 COURTNEY CAMPBELL CAUSEWAY, #100 TAMPA, FL 33607	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOOLEY, MICHAEL 6200 COURTNEY CAMPBELL CAUSEWAY #100 TAMPA FL 33607	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M T Dooley — Michael Dooley — 4/25/95 — 813 281-9099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

006371P