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FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N94000001057 (8)

1. Corporation Name

FRANCISCAN HEALTH CORPORATION

Principal Place of Business

Mailing Address

6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 100  
TAMPA FL 33607

6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 100  
TAMPA FL 33607



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

3. Date Incorporated or Qualified

03/02/1994

4. FEI Number

65-0660876

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOOLEY, MICHAEL T  
6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 100  
TAMPA FL 33607

81 Name

Gary Chawk

82 Street Address (P.O. Box Number is Not Acceptable)

6200 Courtney Campbell Causeway

83

84 City

TAMPA

FL

85 Zip Code

33607

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME SHARKEY, GLADYS O.S.F.  
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY #100  
CITY-ST-ZIP TAMPA FL 33607

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD  
NAME WATTS, HOWARD  
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY #100  
CITY-ST-ZIP TAMPA FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  
NAME DOOLEY, MICHAEL T  
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY #100  
CITY-ST-ZIP TAMPA FL

3.1 TITLE TD  
3.2 NAME Chawk, Gary  
3.3 STREET ADDRESS 6200 Courtney Campbell Causeway #100  
3.4 CITY-ST-ZIP TAMPA FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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

*[Signature]*

CR2E037 (10/97)