

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N15413

**Entity Name:** FRANCISCAN PROPERTIES, INC.

**Current Principal Place of Business:**

3001 W. DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA, FL 33607

**Current Mailing Address:**

3001 W. DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA, FL 33607 US

**FEI Number:** 59-2822519

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAYCARE HEALTH SYSTEM, INC.  
ATTENTION: LEGAL SERVICES DEPARTMENT  
2985 DREW STREET  
CLEARWATER, FL 33759 US

*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:** SCOTT A. KIZER

10/07/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GUY, KIMBERLY  
Address        3001 W. DR. MARTIN LUTHER KING  
                  JR. BLVD.  
City-State-Zip: TAMPA FL 33607

Title            TRUSTEE  
Name            TREMONTI, CARL  
Address        2985 DREW STREET  
City-State-Zip: CLEARWATER FL 33759

Title            TREASURER  
Name            POLO, JANICE  
Address        2985 DREW STREET  
City-State-Zip: CLEARWATER FL 33759

Title            TRUSTEE  
Name            TOUSE, JENNIFER  
Address        2985 DREW STREET  
City-State-Zip: CLEARWATER FL 33759

Title            VICE PRESIDENT/SECRETARY  
Name            COTE, JIM  
Address        2985 DREW STREET  
City-State-Zip: CLEARWATER FL 33759

*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:** KIMBERLY GUY

PRESIDENT

10/07/2022

Electronic Signature of Signing Officer/Director Detail

Date