

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762438

1. Entity Name

ST. LUKE'S HOSPITAL ASSOCIATION

Principal Place of Business

4201 BELFORT ROAD  
JACKSONVILLE FL 32216-2898

Mailing Address

4201 BELFORT ROAD  
JACKSONVILLE FL 32216-2898

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0714831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, JOANNE L  
4500 SAN PABLO ROAD  
JACKSONVILLE FL 32224

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☒ Delete  
NAME: HOCKING, DALE E.  
STREET ADDRESS: 4201 BELFORT RD  
CITY-ST-ZIP: JACKSONVILLE FL

T ☐ Change ☒ Addition  
NAME: Mary Hoffman  
STREET ADDRESS: 4201 Belfort Rd.  
CITY-ST-ZIP: Jacksonville, FL 32216

DC ☐ Delete  
NAME: CORTESE, DENIS A M.D.  
STREET ADDRESS: 4500 SAN PABLO RD.  
CITY-ST-ZIP: JACKSONVILLE FL

D ☐ Change ☒ Addition  
NAME: Jack Fulmer, M.D.  
STREET ADDRESS: 4201 Belfort Rd.  
CITY-ST-ZIP: Jacksonville, FL 32216

D ☐ Delete  
NAME: MATHEWS, HILARY  
STREET ADDRESS: 4201 BELFORT RD.  
CITY-ST-ZIP: JACKSONVILLE FL

S ☒ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

D ☐ Delete  
NAME: WALTERS, ROBERT M  
STREET ADDRESS: 4500 SAN PABLO RD.  
CITY-ST-ZIP: JACKSONVILLE FL

P/K ☒ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

D ☐ Delete  
NAME: HAMON, IRA MD  
STREET ADDRESS: 4201 BELFORT RD  
CITY-ST-ZIP: JACKSONVILLE FL 32216

Ira Harmon, M.D. ☒ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

D ☐ Delete  
NAME: KUHLMAN, PETER MD  
STREET ADDRESS: 4201 BELFORT RD  
CITY-ST-ZIP: JACKSONVILLE FL 32216

D ☐ Change ☒ Addition  
NAME: Harold Huber  
STREET ADDRESS: 4201 Belfort Rd.  
CITY-ST-ZIP: Jacksonville, FL 32216

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:

MARY J. HOFFMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90019 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Attachment  
970249  
#1762438

**2001 Uniform Business Report**  
**Block 11 Additions/Changes to Officers and Directors in Block 10**

**Additions**

Title: D  
Name: Anthony Nioso, M.D.  
Street Address: 4201 Belfort Rd.  
City-St-Zip: Jacksonville, FL 32216

Title: D  
Name: Susan Swietnicki, M.D.  
Street Address: 4201 Belfort Rd.  
City-St-Zip: Jacksonville, FL 32216