

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000128129

Entity Name: ST. VINCENT'S FULL SERVICE URGENT CARE, LLC

Current Principal Place of Business:

1 SHIRCLIFF WAY
SUITE 1114
JACKSONVILLE, FL 32204

Current Mailing Address:

1 SHIRCLIFF WAY
SUITE 1114
JACKSONVILLE, FL 32204 US

FEI Number: 27-4273517

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: J. HUGH MIDDLEBROOKS

05/23/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name ST. VINCENT'S HEALTH SYSTEM, INC.
Address 1 SHIRCLIFF WAY
 SUITE 1114
City-State-Zip: JACKSONVILLE FL 32204

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HELEN C. ROWAN

SECRETARY

05/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date