

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000128129

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

**Current Principal Place of Business:**

1 SHIRCLIFF WAY  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1 SHIRCLIFF WAY  
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

01/27/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           SOLE MEMBER  
Name           ST. VINCENT'S HEALTH SYSTEM, INC.  
Address        1 SHIRCLIFF WAY  
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:** MARY ELLEN LACY

SECRETARY

01/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date