

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000128129

**Entity Name:** ST. VINCENT'S FIRST 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:**

MIDDLEBROOKS, J. HUGH  
1 SHIRCLIFF WAY  
SUITE 1114  
JACKSONVILLE, FL 32204 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

04/28/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
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:** THOMAS J. VANOSDOL

**DIRECTOR & CEO OF ST. VINCENT'S HEALTH SYSTEM, INC.** 04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date