

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000005828

**FILED**  
**Mar 27, 2023**  
**Secretary of State**  
**5121465307CC**

**Entity Name:** ST. ELIZABETH'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, INC

**Current Principal Place of Business:**

4936 LAVERNA ROAD  
SPRINGFIELD, IL 62707

**Current Mailing Address:**

4936 LAVERNA ROAD  
SPRINGFIELD, IL 62707 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CEO  
Name BOATWRIGHT, DAMOND  
Address 4936 LAVERNA ROAD  
City-State-Zip: SPRINGFIELD IL 62707

Title CFO  
Name HODGKINSON, KIMBERLY A  
Address 4936 LAVERNA ROAD  
City-State-Zip: SPRINGFIELD IL 62707

Title CHIEF LEGAL OFFICER  
Name BULPITT, AMY K  
Address 4936 LAVERNA ROAD  
City-State-Zip: SPRINGFIELD IL 62707

*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: AMY K. BULPITT

CHIEF LEGAL OFFICER

03/27/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date