

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 9 AM 11: 29

DOCUMENT # 724930

(3)

1. Corporation Name

ST. LUKES MEDICAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

% DONALD R. TULLY
69 AVISTA CIRCLE
ST. AUGUSTINE FL 32084

% DONALD R. TULLY
69 AVISTA CIRCLE
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1972

3a. Date of Last Report

01/25/1994

4. FEI Number

23-7264555

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILNE, DOUGLAS J., ESQ.
100 RIVERSIDE AVENUE
P.O. BOX 41222
JACKSONVILLE FL 32203

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME L'CONNELL, W.W., DR., JR.
STREET ADDRESS % ST. AUGUSTINE HOSPITAL
CITY-ST-ZIP ST. AUGUSTINE FL

1.1 TITLE

☐ Change ☐ Addition

TITLE SD
NAME TRICE, E.W., MRS.
STREET ADDRESS 200 ARREDONDO AVENUE
CITY-ST-ZIP ST. AUGUSTINE FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

TITLE TD
NAME TULLY, DONALD R.
STREET ADDRESS 69 AVISTA CIRCLE
CITY-ST-ZIP ST. AUGUSTINE FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

TITLE D
NAME SHELLEY, J. A., DR.
STREET ADDRESS 101 ARPIKA AVE.
CITY-ST-ZIP ST. AUGUSTINE FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

TITLE D
NAME GRAY, D. R.
STREET ADDRESS C/O ST AUGUSTINE HOSP'TL
CITY-ST-ZIP ST. AUGUSTINE FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS.

2/2/95

(904) 829-5617