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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32084-3806

3. Date Incorporated or Qualified
12/05/1972

3a. Date of Last Report
01/29/1996

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 617.0502 and 617.1508, 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 617.0503, 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 SHELLEY, J A DR
STREET ADDRESS 101 ARPIEKA AVE
CITY-ST-ZIP ST. AUGUSTINE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME SCHALE, RAY R DR
STREET ADDRESS ~~PEAGLER HOSPITAL WEST~~
CITY-ST-ZIP ST AUGUSTINE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

CR2E037 (9/96)