

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90415 010 \*\*\*\*61.25

**DOCUMENT # 724930**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-7264555**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **SHELLEY, J A DR**  
 CITY-ST-ZIP **101 ARPIEKA AVE  
 ST. AUGUSTINE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **UPCHURCH, TRACY W**  
 CITY-ST-ZIP **398 OLD QUARRY ROAD  
 SAINT AUGUSTINE FL 32080**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donald R. Tully*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-702 (904) 829-5995**

CR2E037 (9/01)