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Mar 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **760739** (3)

1. Corporation Name

ST. LUKE'S HOSPITAL PROPERTIES, INC.



Principal Place of Business

Mailing Address

**4201 BELFORD ROAD
JACKSONVILLE FL 32216**

**4201 BELFORD ROAD
JACKSONVILLE FL 32216-1431**

3. Date Incorporated or Qualified
11/17/1981

3a. Date of Last Report
07/09/1996

2. Principal Place of Business

2a. Mailing Address

21 **4201 Belfort Road**

26 **4201 Belfort Road**

4. FEI Number
59-0016047

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **Jacksonville, FL**

28 **Jacksonville, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 **32216**

25 **USA**

29 **32216**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**READ, J. LARRY
4201 BELFORD ROAD
JACKSONVILLE FL 32216**

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 **V** ☐ DELETE
NAME **HERRELL, JOHN H**
STREET ADDRESS **200 S.W. 1ST. ST.**
CITY - ST - ZIP **ROCHESTER MN**

1.1 TITLE **VC** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **CP** ☐ DELETE
NAME **ANDERSON, JAMES G.**
STREET ADDRESS **4201 BELFORD RD.**
CITY - ST - ZIP **JACKSONVILLE FL**

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

TITLE **D** ☐ DELETE
NAME **WALLER, ROBERT**
STREET ADDRESS **200 S.W. 2ND ST.**
CITY - ST - ZIP **ROCHESTER MN**

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

TITLE **D** ☐ DELETE
NAME **BLACK, LEO F., M.D.**
STREET ADDRESS **4500 SAN PABLO RD.**
CITY - ST - ZIP **JACKSONVILLE FL**

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

TITLE **ST** ☐ DELETE
NAME **STRUSS, MARIA**
STREET ADDRESS **4201 BELFORD ROAD**
CITY - ST - ZIP **JACKSONVILLE FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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.

SIGNATURE:

Maria Struss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0005617

CR2E037 (9/96)