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

**NONPROFIT** CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

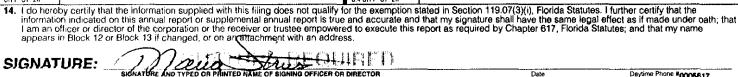
1997

DOCUMENT # 760739

(3)

ST. LUKE'S HUSPITAL PHUPERTIES, INC.										
Principal Place	e of Business	Mailing Address				4 100101 #00F0 A1FF1 08111 #0000 11110 F0	I ALAKI BIR	fi Milli dinit din	ia Ardin (AB)	
4201 BELFORD   JACKSONVILLE		4201 BELFORD ROAD JACKSONVILLE FL 32216-1431								
						3. Date incorporated or Qualified 11/17/1981		ate of Last R 07/09/199		
2. Principal Place of Business 21 4201 Belfort Road 26 4201 Bel				fort Road		EA 0040047		<del></del>	oplied For ot Applicable	
Suite, Apt		Suite, Apt. #, etc.	·u -====================================	<del></del>		5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State	Ksowile Fr	City & State  28 JackSony	1161	Ħ		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1		
Zip	Country	Zip	Country			8. This corporation has liability for i	ntangible			
24 322		29 322 6 3	<u> </u>	1517				<b>☑</b> No		
	9. Name and Address of Current	t Registered Agent	81	Nome		10. Name and Address of New Re	jistered	Agent		
			0'	Name						
READ, J.LARRY				Street A	Addres	ess (P.O. Box Number is Not Acceptable)				
4201 BELFORD ROAD JACKSONVILLE FL 32216										
DACROOM	WILL I C OCCIO		84	City				85 Zip (	Code	
				Ĺ			<u>Fl</u>	•		
11. Pursuant office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State	2 and 617,1508, Florida Statutes of Florida, Such change was au	, the above	e-named o	corpor	ration submits this statement for the p	urpose o	of changing it	s registered registered	
agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	ations of, Section 617.0503, Florid	da Statuter	S.						
SIGNATURE	Signature, typed or printed name of registered ager	n) and little if and cable (NOTE: I	Desistered An	ant signatura	ran Irad	when reinstating)	DATE			
12.	OFFICERS AND		13.	aut advance s	edoliso	ADDITIONS/CHANGES TO OFFIC		D DIRECTOR	RS IN 12	
TITLE	V	☐ DELETE	1.1 TITLE		VC	•		Change	Addition	
NAME	HERRELL, JOHN H		1.2 NAME	ļ	, —					
STHEET ADDRESS	200 S.W. 1ST. ST.		1.3 STREET	ADDRESS						
CITY-ST-ZIP	ROCHESTER MN		1.4 CITY-S	3T - ZIP		·····				
TITLE	CP	☐ DELETE	2.1 TITLE					L Change	L Addition	
NAME	ANDERSON, JAMES G.		2.2 NAME	1					'	
STREET ADORESS	4201 BELFORT RD.		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP							
CITY-ST-ZIP TITLE	JACKSONVILLE FL D	☐ DELETE	3.1 TITLE					Change	Addition	
NAME	Waller, Robert		3.2 NAME	ł				tana amanga		
STREET ADDRESS	200 S.W. 2ND ST.		3.3 STREET	ADDRESS						
CITY-ST-ZIP	ROCHESTER MN		3 4. CITY-5	ST-ZIP						
TITLE	D	DELETE	4.1 TITLE					Change	Addition	
NAME	BLACK, LEO F., M.D.		4.2 NAME							
STREET ADDRESS	4500 SAN PABLO RD.		4.3 STREET	T ADDRESS						
CITY+ST+ZIP	JACKSONVILLE FL	- December	4.4 CITY-S	ST-ZIP				1 1 60	1 4 100	
TITLE	ST	DELETE	5.1 TITLE					☐ Change	Addition	
NAME	STRUSS, MARIA		5.2 NAME							
STREET ADDRESS	4201 BELFORT ROAD			T ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL	DELETE	5.4 CITY-S 6.1 TITLE	51 - ZIP				Change	Addition	
NAME			6.2 NAME						And rivering	
STREET ADORESS			6.3 STREET							
CITY PT 7ID			E A CITY O							

SIGNATURE:



Daytime Phone #0005617

**FILED** 

Mar 06 1997 8:00am

Secretary of State