

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760739 (3)**

1. Corporation Name  
**ST. LUKE'S HOSPITAL PROPERTIES, INC.**

Principal Place of Business <b>4201 BELFORT RD JACKSONVILLE FL 32216 US</b>	Mailing Address <b>4201 BELFORT RD JACKSONVILLE FL 32216 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>11/17/1981</b>
4. FEI Number <b>59-0016047</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRELL, JOHN H	1.2 NAME	
STREET ADDRESS	200 S.W. 1ST. ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER MN	1.4 CITY-ST-ZIP	
TITLE	CP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, JAMES G.	2.2 NAME	<b>Read, J. Larry</b>
STREET ADDRESS	4201 BELFORT RD.	2.3 STREET ADDRESS	<b>4201 Belfort Road</b>
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	<b>Jacksonville, FL</b>
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLER, ROBERT	3.2 NAME	
STREET ADDRESS	200 S.W. 2ND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER MN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, LEO F., M.D.	4.2 NAME	
STREET ADDRESS	4500 SAN PABLO RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRUSS, MARIA	5.2 NAME	<b>Hocking, Dale E.</b>
STREET ADDRESS	4201 BELFORT ROAD	5.3 STREET ADDRESS	<b>4201 Belfort Road</b>
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	<b>Jacksonville, FL</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:  **DALE E. HOCKING** **2/21/98** **904/296-3717**

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0005637

CR2E037 (10/97)