FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **762438** **(0)**

1. Corporation Name
ST. LUKE'S HOSPITAL ASSOCIATION

Principal Place of Business	Mailing Address
4201 BELFORT ROAD JACKSONVILLE FL 32216-2898	4201 BELFORT ROAD JACKSONVILLE FL 32216-2898

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1982
3a. Date of Last Report: 07/29/1994
4. FEI Number: 59-0714831 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

READ, J. LARRY
4201 BELFORT ROAD
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, LEO F MD	1.2 NAME	
STREET ADDRESS	4500 SAN PABLO RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BREWER, NELSON M.D.	2.2 NAME	
STREET ADDRESS	4500 SAN PABLO RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	READ, LARRY J.	3.2 NAME	
STREET ADDRESS	4201 BELFORT RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	WALTERS, ROBERT M	4.2 NAME	
STREET ADDRESS	4500 SAN PABLO RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WHAREN, ROBERT E., M.D.	5.2 NAME	
STREET ADDRESS	4500 SAN PABLO ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	FULMER, JACK T., M.D.	6.2 NAME	
STREET ADDRESS	4201 BELFORT ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J Larry Read 4/28/95 904-396-3725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J Larry Read

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