| CO<br>N  | ON OR BEFORE 8/7/96: \$61.25 (IF DISS<br>ONPROFIT<br>PRORATION<br>IUAL REPORT<br>1996  | FLOR  | IDA DEPART<br>Sandra B.<br>Secretary | -   |   |   |  |   |  |
|--|--|---|--------------------------------------|---|---|---|--|---|--|
| DOCU<br>1. Corporati   | JMENT # 76243  | 38  | <b>(0)</b>                           |   |   |   |  |   |  |
| ST.  | LUKE'S HOSPITAL ASSOCIA  | ATION   |                                      |   |   | Î 1880) 1889 ANE 1189 ALAS 11   | H <b>ā</b> l £āla <b>B</b> aba   | Alāli Alāli Alā   | II Gega anga saga                                  |
| Principal Pla  | ce of Business   | Mailing Addres  | Δ.                                   | - · · · · · · · · · · · · · · · · · · ·   |   |   |  |   |  |
| 4201 BELFO<br>JACKSONVII   | ORT ROAD<br>LLE FL 32216-2898  | 4201 BELFOR<br>JACKSONVILL  | T ROAD                               | 898   |   |   |  |   |  |
|  |  |   |                                      | _   |   | Incorporated or Qualified 03/16/1982  | <b>3a</b> . D  | ate of Last<br>05/01/   | Report<br><b>1995</b>                              |
| 1]   | Place of Business  | 2a. Mailing Add   |                                      |   | 4. FEIT   | 59-0714831  | <del></del>  |   | Applied For<br>lot Applicable                      |
| Suite, Apt<br>2<br>City & Sta  |  | Suite, Apt. :   |                                      |   |   | ificate of Status Desired   |  | \$8.75  | Additional<br>Required                             |
| Zip  | Country  | City & State 28 Zip   | •<br>                                |   | Trust   | tion Campaign Financing<br>t Fund Contribution  |  | Addec   | ) May Be<br>I to Fees                              |
|  | 25<br>9. Name and Address of Curren  | 29  | 3                                    | Country   | Florid  | corporation has liability for da Statutes   | Yes  | No  | s. 199.032,  |
|  | , J. LARRY   | it negistered Agent   |                                      | 81 Name   |   | e and Address of New Re   | gistered   | Agent   |  |
|  | BELFORT ROAD   |   |                                      | 82 Street   | Address (P.O. Bo  | ox Number is Not Acceptat   | ole)   |   |  |
| JACK   | SONVILLE FL 32216  |   |                                      | 83 City   |   |   |  | 1441 7  |  |
|  |  | 2 and 617.1508, Fiori   | ida Statutes.                        | 84 City   | corporation subm  | nits this statement for the o   | FL   |   | Code   |
|  | to the provisions of Sections 617.050;<br>registered agent, or both, in the State<br>am familiar with, and accept the obliga   |   |                                      | the above-named orized by the corp a Statutes.  |   |   | FL<br>urpose of a  |   |  |
| II. Pursuant<br>office or<br>agent. I a<br>BIGNATURE   | to the provisions of Sections 617.050; registered agent, or both, in the State am familiar with, and accept the obligations of the state of the stat | nt and title if applicable  |                                      | 84 City   | required when rematation  | ng)   | urpose of of the appo-   | changing its  | s registered<br>registered                         |
| 11. Pursuant<br>office or a<br>agent. I a<br>BIGNATURE<br>12.  | to the provisions of Sections 617.050; registered agent, or both, in the State am familiar with, and accept the obligation of the state | nt and title if applicable  DIRECTORS   |                                      | the above-named orized by the corp a Statutes  13.  1.1 TILE  | required when reinstation   | ng)<br>TONS/CHANGES TO OFFIC  | urpose of of the appo-   | changing its  | s registered<br>registered                         |
| II. Pursuant<br>office or<br>agent. I a<br>BIGNATURE   | to the provisions of Sections 617.050; registered agent, or both, in the State am familiar with, and accept the obligation of the state | nt and title if applicable  DIRECTORS   | (NOTE: R                             | the above-named orized by the corp a Statutes.  egistered Agent signature.  13.  1.1 TITLE.  1.2 NAME.  | required when reinstation ADDIT   | ng) TONS/CHANGES TO OFFICE MARIA  | urpose of of the appo-   | changing its<br>intment as r                                    | s registered<br>egistered                          |
| III. Pursuant office or agent. I a SIGNATURE II2. IIILE IMME TREET ADDRESS IIY-ST-ZIP  | to the provisions of Sections 617.050; registered agent, or both, in the State am familiar with, and accept the obligation of the state | nt and title if applicable  D DIRECTORS   | (NOTE R                              | the above-named orized by the corp a Statutes.  egistered Agent signature.  13.  1.1 TITLE.  1.2 NAME.  | ADDIT T STRUSS, 4201 BE   | MARIA LFORT ROAD  | urpose of of the appo-   | changing its<br>intment as r                                    | s registered<br>egistered                          |
| III. Pursuant office or agent. I a signature  IZ. IIILE IMME  IMME TREET ADDRESS ITY-ST-ZIP  IILE IMME  AME  TREET ADDRESS   | to the provisions of Sections 617.050; registered agent, or both, in the State am familiar with, and accept the obligation of FICERS AND SD BLACK, LEO F MD 4500 SAN PABLO RD JACKSONVILLE FL D BREWER, NELSON M.D. 4500 SAN PABLO RD  | nt and title if applicable  DIRECTORS   | (NOTE R                              | the above-named orized by the corp a Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS   | ADDIT T STRUSS, 4201 BE JACKSON D FIGEMING  | MARIA LFORT ROAD VILLE FL   | Urpose of the appoint | changing its<br>intment as r                                    | s registered<br>egistered                          |
| III. Pursuant office or agent. I a signature  IZ. IIILE IMME  IREET ADDRESS  ITY-ST-ZIP  IILE  AME   | to the provisions of Sections 617.050; registered agent, or both, in the State am familiar with, and accept the obligated signature, typed or printed name of registered agent of SD BLACK, LEO F MD 4500 SAN PABLO RD JACKSONMILE FL D BREWER, NELSON M.D.  | nt and title if applicable  D DIRECTORS  C  | (NOTE F                              | the above-named orized by the corp a Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP   | ADDIT T STRUSS, 4201 BE JACKSON D FIGEMING  | MARIA LFORT ROAD VILLE FL   | Urpose of the appoint | changing its intment as r  DIRECTO Change                       | s registered registered RS IN 12 Addition          |
| III. Pursuant office or agent. I a signature  IZ. IIILE IAME  IREET ADDRESS IITY-ST-ZIP  ITLE IREET ADDRESS IREET ADDRESS  | to the provisions of Sections 617.050; registered agent, or both, in the State am familiar with, and accept the obligation of formation of registered agent of the state of familiar with, and accept the obligation of familiar with a state of familiary of familiar with a state of familiar with, and accept the obligation of familiar with a state of famili | nt and title if applicable  D DIRECTORS  C  | (NOTE R                              | the above-named orized by the corp a Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS   | T STRUSS, 4201 BE JACKSON D FLEMING 4500 SA JACKSON S MATHEWS 4201 BE               | MARIA LFORT ROAD VILLE FL , RICHARD MI N PABLO ROAD VILLE FL , HILARY LFORT ROAD          | Urpose of the appoint | changing its<br>intment as r                                    | s registered registered RS IN 12 Addition          |
| III. Pursuant office or agent. I a signature  IZ. IIILE IAME TREET ADDRESS ITY-ST-ZIP  ITLE IAME TREET ADDRESS ITY-ST-ZIP  ITLE IAME AAME AAME   | to the provisions of Sections 617.0502 registered agent, or both, in the State am familiar with, and accept the obligate of sections of familiar with, and accept the obligation of familiar with a section of familiar with, and accept the obligation of familiar with a section of familiar with  | nt and title if applicable  D DIRECTORS  C  D  D  | (NOTE F                              | the above-named orized by the corp a Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME  | T STRUSS, 4201 BE JACKSON D FLEMING 4500 SA JACKSON S MATHEWS 4201 BE               | MARIA LFORT ROAD VILLE FL  RICHARD MI N PABLO ROAL VILLE FL  HILARY                       | Urpose of the appoint | changing its intment as r  DIRECTO Change Change                | s registered registered RS IN 12 Addition Addition |
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Date

Daylime Phone #