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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90038 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762438

1. Corporation Name

ST. LUKE'S HOSPITAL ASSOCIATION

371932 - 90026 - 9 2 *

Principal Place of Business 4201 BELFORT ROAD JACKSONVILLE FL 32216-2898	Mailing Address 4201 BELFORT ROAD JACKSONVILLE FL 32216-2898
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 03/16/1982 4. FEI Number 59-0714831 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

READ, J. LARRY
4201 BELFORT ROAD
JACKSONVILLE FL 32216

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City State Zip Code **FL**

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	T ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOCKING, DALE E.	1.2 NAME	
STREET ADDRESS	4201 BELFORT RD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	1.4 CITY-STATE-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BLACK, M.D. L	2.2 NAME	
STREET ADDRESS	4500 SAN PABLO RD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	2.4 CITY-STATE-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	MATHEWS, HILARY	3.2 NAME	
STREET ADDRESS	4201 BELFORT RD.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	3.4 CITY-STATE-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	WALTERS, ROBERT M	4.2 NAME	
STREET ADDRESS	4500 SAN PABLO RD.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	4.4 CITY-STATE-ZIP	
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	READ, LARRY J.	5.2 NAME	
STREET ADDRESS	4201 BELFORT RD	5.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	5.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)