# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 18, 2000 8:00 am**
**Secretary of State**
05-18-2000 90307 006 ****61.25

DOCUMENT # 762438

1. Entity Name

ST. LUKE'S HOSPITAL ASSOCIATION

| Principal Place of Business | Mailing Address |
|---|---|
| 4201 BELFORT ROAD<br>JACKSONVILLE FL 32216-2898 | 4201 BELFORT ROAD<br>JACKSONVILLE FL 32216-1431 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-0714831 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| READ, J. LARRY<br>4201 BELFORT ROAD<br>JACKSONVILLE FL 32216 | Name: Joanne L Martin<br>Street Address (P.O. Box Number is Not Acceptable): 4500 San Pablo Road<br>City: Jacksonville FL Zip Code: 32224 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Joanne L Martin — 4/26/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| | | | | ☐ Change | ☑ Addition |
| TITLE | T | ☐ Delete | TITLE | D | |
| NAME | HOCKING, DALE E. | | NAME | Jack Fulmer MD | |
| STREET ADDRESS | 4201 BELFORT RD | | STREET ADDRESS | 4201 Belfort Rd | |
| CITY-ST-ZIP | JACKSONVILLE FL | | CITY-ST-ZIP | Jacksonville FL 32216 | |
| | | ☑ Delete | | ☐ Change | ☑ Addition |
| TITLE | D | | TITLE | D/C | |
| NAME | BLACK, M.D. L | | NAME | Denis A. Cortese, M.D. | |
| STREET ADDRESS | 4500 SAN PABLO RD | | STREET ADDRESS | 4500 San Pablo Rd. | |
| CITY-ST-ZIP | JACKSONVILLE FL | | CITY-ST-ZIP | Jacksonville FL | |
| | | ☐ Delete | | ☐ Change | ☑ Addition |
| TITLE | D | | TITLE | D | |
| NAME | MATHEWS, HILARY | | NAME | Ira Harmon MD | |
| STREET ADDRESS | 4201 BELFORT RD. | | STREET ADDRESS | 4201 Belfort Rd | |
| CITY-ST-ZIP | JACKSONVILLE FL | | CITY-ST-ZIP | Jacksonville FL 32216 | |
| | | ☐ Delete | | ☐ Change | ☑ Addition |
| TITLE | D | | TITLE | D | |
| NAME | WALTERS, ROBERT M | | NAME | Peter Kuhlman MD | |
| STREET ADDRESS | 4500 SAN PABLO RD. | | STREET ADDRESS | 4201 Belfort Rd | |
| CITY-ST-ZIP | JACKSONVILLE FL | | CITY-ST-ZIP | Jacksonville FL 32216 | |
| | | ☐ Delete | | ☐ Change | ☑ Addition |
| TITLE | | | TITLE | D | |
| NAME | | | NAME | Anthony Nioso, MD | |
| STREET ADDRESS | | | STREET ADDRESS | 4201 Belfort Rd | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Jacksonville FL 32216 | |
| | | ☐ Delete | | ☐ Change | ☑ Addition |
| TITLE | | | TITLE | D | |
| NAME | | | NAME | Susan Swietnicki MD | |
| STREET ADDRESS | | | STREET ADDRESS | 4201 Belfort Rd | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Jacksonville FL 32216 | |

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Joanne L Martin SIGNATURE REQUIRED — 4/26/00 — 904-953-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #