2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90200 042 ****61.25

DOCUMENT # 762438

1. Entity 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

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
MARTIN, JOANNE L 4500 SAN PABLO ROAD JACKSONVILLE FL 32224	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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

* ADDITIONS CONTINUED ON ATTACHED *

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HORRMAN, MARY 4201 BELFORT RD JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER / DIRECTOR HOFFMAN, MARY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC CORTESE, DENIS A M.D. 4500 SAN PABLO RD. JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR FULMER, JACK T. M.D. 4500 SAN PABLO RD JACKSONVILLE, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHEWS, HILARY 4201 BELFORT RD. JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY - S/ DIRECTOR MATHEWS, HILARY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTERS, ROBERT M 4500 SAN PABLO RD. JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P - VICE-CHAIR, PRESIDENT / DIRECTOR WALTERS, ROBERT M.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMON, IRA MD 4201 BELFORT RD JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HARMON, IRA M.D.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUHLMAN, PETER MD 4201 BELFORT RD JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR NIOSO, ANTHONY M.D. 4201 BELFORT ROAD JACKSONVILLE, FL 32216	☐ Change ☒ Addition

CR2E037 (9/01)

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: ELECTRONICALLY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/23/02 (904) 953-2399

Attachment 9
9/9/09

UNIFORM BUSINESS REPORT (UBR)
ST. LUKE'S HOSPITAL ASSOCIATION

#11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 – CONTINUED

#762438

Addition
Swietnicki, Susan, M.D. - Director
4500 San Pablo Road
Jacksonville, FL 32224

Addition
Burger, Charles, M.D. - Director
4500 San Pablo Road
Jacksonville, FL 32224

Addition
Williams, Hugh, M.D. - Director
4500 San Pablo Road
Jacksonville, FL 32224

Addition
Huber, Harold - Director
4500 San Pablo Road
Jacksonville, FL 32224

Addition
Brown, Leah - Director
4201 Belfort Road
Jacksonville, FL 32216