2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90232 019 ****70.00

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1. Entity Name
ST. LUKE'S HOSPITAL ASSOCIATION

50016858

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

04132006 Chg-NP CR2E037 (11/05)

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOFFMAN, MARY 4201 BELFORT RD JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Brigham, Robert F. 4500 San Pablo Road Jacksonville, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BARTLEY, GEORGE B MD 4500 SAN PABLO ROAD JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brown, Leah 4201 Belfort Road Jacksonville, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MATHEWS, HILARY 4201 BELFORT RD. JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCSD Mathews, Hilary 4201 Belfort Road Jacksonville, FL 32216	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVCD WALTERS, ROBERT M 4500 SAN PABLO RD. JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Walters, Robert 4500 San Pablo Road Jacksonville, FL 32224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARMON, IRA MD 4201 BELFORT RD JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Burger, Charles, M.D. 4500 San Pablo Road Jacksonville, FL 32224	☐ 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	D Cohen, Marc, M.D. 4500 San Pablo Road Jacksonville, FL 32224	☐ Change ☒ Addition

* See Attached Con't.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert F Brigham Robert F. Brigham 4/25/06 (904) 953-2146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
500/6858
#762438

2006 ANNUAL REPORT
ST. LUKE'S HOSPITAL ASSOCIATION

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

Additions

D – Director
Fulmer, Jack T., M.D.
4500 San Pablo Road
Jacksonville, FL 32224

D – Director
Gonwa, Thomas, M.D.
4500 San Pablo Road
Jacksonville, FL 32224

D – Director
Rebenack, Paul, M.D.
4201 Belfort Road
Jacksonville, FL 32216

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

MAYO CLINIC

ATTACHMENT
S20168-58
#762438

4500 San Pablo Road
Jacksonville, Florida 32224
904-953-2000

April 25, 2006

Via Federal Express

Division of Corporations
2670 Executive Center Circle, Suite 100
Tallahassee, FL 32301

RE: Annual Reports 2006

To Whom It May Concern:

Enclosed are the above-referenced reports (and respective Checks) for the following entities:

- St. Luke's Hospital Association (Check # 618763 in the amount of $70: $61.25 filing fee + $8.75 Certificate of Status fee)
- Physician and Hospital Practices, Inc. (Check # 618764 in the amount of $70: $61.25 filing fee + 8.75 Certificate of Status fee)
- Mayo Clinic Jacksonville (Check # 618765 in the amount of $70: $61.25 filing fee + $8.75 Certificate of Status fee)

If you have any questions, please call, and we look forward to receiving the Certificates of Status.

Sincerely,

Ellen Lord

Ellen Lord
Legal Assistant
(904) 953-2383

Enclosures: Annual Reports (3)
Check #s: 618763, 618764, 618765