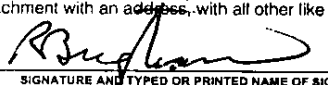


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90005 018 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  |                                                                                  |                                                                             |                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 762438</b><br>1. Entity Name<br><b>ST. LUKE'S HOSPITAL ASSOCIATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |                                                                                  |                                                                             |                                                                      |  |
| Principal Place of Business<br><b>4201 BELFORT ROAD<br/>JACKSONVILLE, FL 32216-2898</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |                                                                                  | Mailing Address<br><b>4201 BELFORT ROAD<br/>JACKSONVILLE, FL 32216-2898</b> |                                                                                                                                                       |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |                                                                             |                                                                                                                                                       |  |
| City & State<br><br>Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  | City & State<br><br>Zip                                                          |                                                                             | 4. FEI Number<br><b>59-0714831</b>                                                                                                                    |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |                                                                                  |                                                                             | Applied For<br>Not Applicable                                                                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NELSON, STEPHEN P ESQ.<br/>4500 SAN PABLO ROAD<br/>JACKSONVILLE, FL 32224</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |                                                                                  |                                                                             | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                 |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  |                                                                                  |                                                                             |                                                                                                                                                       |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                             | <b>\$5.00 May Be Added to Fees</b>                                                                                                                    |  |
| Make check payable to <b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                  |                                                                                  |                                                                             |                                                                                                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                  |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                |                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br><b>HOFFMAN, MARY</b><br><b>4201 BELFORT RD</b><br><b>JACKSONVILLE, FL 32216</b>            | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><div style="font-size: 2em; text-align: center;">* SEE *<br/>ATTACHED.</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CD<br><b>BARTLEY, GEORGE B MD</b><br><b>4500 SAN PABLO ROAD</b><br><b>JACKSONVILLE, FL 32216</b> | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VCSD<br><b>MATHEWS, HILARY</b><br><b>4201 BELFORT RD.</b><br><b>JACKSONVILLE, FL</b>             | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br><b>WALTERS, ROBERT M</b><br><b>4500 SAN PABLO RD.</b><br><b>JACKSONVILLE, FL 32224</b>      | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br><b>HARMON, IRA MD</b><br><b>4201 BELFORT RD</b><br><b>JACKSONVILLE, FL 32216</b>            | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br><b>KUHLMAN, PETER MD</b><br><b>4201 BELFORT RD</b><br><b>JACKSONVILLE, FL 32216</b>         | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |  |
| 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. |                                                                                                  |                                                                                  |                                                                             |                                                                                                                                                       |  |
| <b>SIGNATURE:</b>  <b>Robert F. Brigham</b> 4/9/07 (904) 953-2146<br>Chair, Administration                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                                                                  |                                                                             |                                                                                                                                                       |  |

ATTACHMENT

40078759

# 702438

2007 ANNUAL REPORT

**ST. LUKE'S HOSPITAL ASSOCIATION**

**# 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**Additions**

PD – President/Director  
Brigham, Robert F.  
4500 San Pablo Road  
Jacksonville, FL 32224

D – Director  
Cohen, Marc, M.D.  
4500 San Pablo Road  
Jacksonville, FL 32224

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

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

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

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

D – Director  
Hernke, Debra  
4500 San Pablo Road  
Jacksonville, FL 32224