2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90167 019 ****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

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to ~~Florida 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	TD HORRMAN, MARY 4201 BELFORT RD JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD 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	CD BARTLEY, GEORGE B. M.D. 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	☐ 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	D FULMER, JACK T. M.D. 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 NICOSO, ANTHONY M.D. 4201 Belfort Road Jacksonville, FL 32216	☐ 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 SWIETNICKI, SUSAN, M.D. 4201 Belfort Road Jacksonville, FL 32216	☐ 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 BURGER, CHARLES, M.D. 4201 BELFORT ROAD JACKSONVILLE, FL 32216	☐ Change ☒ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 4/24/03 953-2146

Attachment #
80099722.
062438

2003 UNIFORM BUSINESS REPORT (UBR)
ST. LUKE'S HOSPITAL ASSOCIATION

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

Addition

D - Director
Huber, Harold
4201 Belfort Road
Jacksonville, FL 32216

Addition

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