FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:21

DOCUMENT # F96374 (6)

1. Corporation Name
CONSOLIDATED HEALTH CARE SERVICES, INC.

Principal Place of Business	Mailing Address
1801 BARRS STREET, STE. 5747 JACKSONVILLE FL 32204	1801 BARRS STREET, STE. 5747 JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/20/1982
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2219145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRIMM, WENDY S
1801 BARRS ST, STE 5747
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VCD	11 TITLE		☐ Change ☐ Addition
NAME	WISNIEWSKI, DESALES (SIS)	12 NAME		
STREET ADDRESS	1800 BARRS ST.	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	DEVANEY, EVERETT M	22 NAME		
STREET ADDRESS	1801 BARRS ST, STE 5747	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	BORLAND, JAMES J MD	32 NAME		
STREET ADDRESS	1800 BARRS ST.	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	AT	41 TITLE	AT	☒ Change ☐ Addition
NAME	~~JOHNSON, HERBERT D~~	42 NAME	Dvorak, Robert M.	
STREET ADDRESS	~~1801 BARRS ST, STE 5747~~	43 STREET ADDRESS	1801 Barrs Street	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	44 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	THOMAS, MARGARET	52 NAME		
STREET ADDRESS	1801 BARRS STREET, SUITE 5747	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP		
TITLE	CD	61 TITLE		☐ Change ☐ Addition
NAME	CASCONE, MICHAEL	62 NAME		
STREET ADDRESS	1800 BARRS ST	63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Everett M. Devaney, FACHE, President/CEO 904/387-7492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00174350 CP

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#12. Officers and Directors (continued):

D
HARKNESS, CHARLES, D.O.
1800 Barrs Street
Jacksonville, FL 32204

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Executive Office

St. Vincent's Health System, Inc.
1801 Barrs Street
Suite 5747
Jacksonville, Florida 32204
904-387-7520

March 31, 1995

Secretary of State
Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Annual Report 1995

Dear Sir/Madam:

Enclosed is our check in the amount of $698.75 for filing fees, along with the original Annual Reports for the following corporations:

- F96374 Consolidated Health Care Services, Inc. (for-profit corporation)
- N12939 The Heart and Lung Institute At St. Vincent's, Inc. (not-for-profit)
- 706857 Riverside Hospital (not-for-profit)
- 717529 St. Vincent's Medical Center, Incorporated (not-for-profit)
- 745780 St. Catherine Laboure Manor, Incorporated (not-for-profit)
- 763838 St. Vincent's Health System, Inc. (not-for-profit)
- 764270 St. Vincent's Foundation, Inc. (not-for-profit)
- 767171 St. Vincent's Ambulatory Care, Inc. (not-for-profit)

Please proceed to file the annual reports for 1995 for these corporations and send the Certificate of Status to my attention at the following address:

St. Vincent's Health System, Inc.
1801 Barrs Street, Suite 5747
Jacksonville, FL 32204

Thank you for your attention to this matter.

Sincerely,

Marsha K. Coates

Marsha K. Coates
Paralegal

Enclosures (9)