

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90165 022 ****70.00

00060279

DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000002191

1. Entity Name

St. Vincent's Health System, Inc.

Principal Place of Business: 1800 Barrs Street Jacksonville, FL. 32204
 Mailing Address: 1800 Barrs Street Jacksonville, FL. 32204

2. Principal Place of Business: 1800 Barrs Street Jacksonville, FL
 3. Mailing Address: 1801 Barrs Street Suite 615 Jacksonville, FL

Zip: 32204 Country: USA Zip: 32204 Country: USA

4. FEI Number: 59-3650609 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
John J. Maker
President and Chief Executive Officer
St. Vincent's Health System, Inc.
1800 Barrs Street Jacksonville, FL. 32204

7. Name and Address of New Registered Agent
 Name: Laurie S. Teppert
 Street Address (P.O. Box Number is Not Acceptable): SVP and General Counsel 1801 Barrs St., Suite 615
 City: Jacksonville FL Zip Code: 32204

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: Laurie S. Teppert DATE: 4/17/01
(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**

| 10. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE: <u>Chair</u> | <input type="checkbox"/> Delete |
| NAME: <u>Robert T. Shircliff</u> | |
| STREET ADDRESS: <u>1800 Barrs Street</u> | |
| CITY-ST-ZIP: <u>Jacksonville, FL. 32204</u> | |
| TITLE: <u>Vice Chair</u> | <input type="checkbox"/> Delete |
| NAME: <u>J. Shephard Bryan, Jr.</u> | |
| STREET ADDRESS: <u>1800 Barrs Street</u> | |
| CITY-ST-ZIP: <u>Jacksonville, FL. 32204</u> | |
| TITLE: <u>Director</u> | <input type="checkbox"/> Delete |
| NAME: <u>Sr. Mary Carroll Eby, Dc.</u> | |
| STREET ADDRESS: <u>1800 Barrs.</u> | |
| CITY-ST-ZIP: <u>Jacksonville, FL. 32204</u> | |
| TITLE: <u>Director</u> | <input type="checkbox"/> Delete |
| NAME: <u>Robert J. Henkel</u> | |
| STREET ADDRESS: <u>1800 Barrs Street</u> | |
| CITY-ST-ZIP: <u>Jacksonville, FL. 32204</u> | |
| TITLE: <u>Director</u> | <input type="checkbox"/> Delete |
| NAME: <u>Scot N. Ackerman, M.D.</u> | |
| STREET ADDRESS: <u>1800 Barrs Street</u> | |
| CITY-ST-ZIP: <u>Jacksonville, FL. 32204</u> | |
| TITLE: <u>Director</u> | <input type="checkbox"/> Delete |
| NAME: <u>Samuel P. Braid, III</u> | |
| STREET ADDRESS: <u>1800 Barrs Street</u> | |
| CITY-ST-ZIP: <u>Jacksonville, FL. 32204</u> | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE: <u>Assistant Secretary</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: <u>Donna Sinclair</u> | |
| STREET ADDRESS: <u>1801 Barrs Street Suite 600</u> | |
| CITY-ST-ZIP: <u>Jacksonville, FL. 32204</u> | |
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |

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: J. Maker Date: 4.18.01 Daytime Phone #: 904.308.4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E037 (11/00)

St. Vincent's Health System, Inc.
Additional Officers and Directors:

Title: President/CEO
Name: John J. Maher
Address: 1801 Barrs Street, Suite 600
City-St-Zip: Jacksonville, FL 32204

Title: Secretary and Treasurer
Name: A. Leland Burpee
Address: 1800 Barrs Street
City-St-Zip: Jacksonville, FL 32204

Attachment

Doc#N 00000002191

C0060879