

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90471 001 \*\*\*985.00

**DOCUMENT # N00000002191**

Entity Name

**ST. VINCENT'S HEALTH SYSTEM, INC.**

Principal Place of Business

Mailing Address

**1800 BARRS STREET  
 JACKSONVILLE FL 32204**

**1800 BARRS STREET  
 JACKSONVILLE FL 32204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3650609**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TEPERT, LAURIE  
 SVP AND GENERAL COUNSEL  
 1801 BARRS STREET, SUITE 615  
 JACKSONVILLE FL 32204**

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.

SIGNATURE

*Laurie Teppert*

**LAURIE S. TEPPERT**

**1-22-02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>SHICLIFF, ROBERT T</b>	
STREET ADDRESS	<b>1800 BARRS STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> Delete
NAME	<b>BRYAN, J. SHEPARD JR</b>	
STREET ADDRESS	<b>1800 BARRS STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EDY, MARY CAROLL DC</b>	
STREET ADDRESS	<b>1800 GBARRS STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HENKEL, ROBERT J</b>	
STREET ADDRESS	<b>1800 BARRS STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ACKERMAN, SSCOT N MD</b>	
STREET ADDRESS	<b>1800 BARRS STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRAUD, SAMUEL P III</b>	
STREET ADDRESS	<b>1800 BARRS STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	

TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIRCLIFF, ROBERT T.</b>	
STREET ADDRESS	<b>1800 BARRS STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL. 32204</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Norton, Catherine DC.</b>	
STREET ADDRESS	<b>1800 Barrs Street</b>	
CITY-ST-ZIP	<b>Jacksonville, FL. 32204</b>	
TITLE	<b>SH</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURPEE, A. Leland</b>	
STREET ADDRESS	<b>1800 Barrs Street</b>	
CITY-ST-ZIP	<b>Jacksonville, FL. 32204</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ACKERMAN, SCOT N. MD</b>	
STREET ADDRESS	<b>1800 Barrs Street</b>	
CITY-ST-ZIP	<b>Jacksonville, FL. 32204</b>	
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:

**SIG. MED. RES. SHARIS MAHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-22-02**

Date

**(904) 308-4002**

Daytime Phone #

CR2E037 (9/01)

Attachment

Doc # N00000002191

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

Title: AS  
Name: Sinclair, Donna  
Street Address: 1801 Barrs Street, Suite 600  
City-St-Zip: Jacksonville, FL 32204