

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90028 015 \*\*\*\*61.25

**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

**54006286**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01162004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
 TEPPER, LAURIE  
 SVP AND GENERAL COUNSEL  
 1801 BARRS STREET, SUITE 615  
 JACKSONVILLE, FL 32204

4. FEI Number  
 59-3650609

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	SHIRCLIFF, ROBERT T	1800 BARRS STREET	JACKSONVILLE, FL 32204	<input type="checkbox"/>
VC	BRYAN, J. SHEPARD JR	1800 BARRS STREET	JACKSONVILLE, FL 32204	<input type="checkbox"/>
D	NORTON, CATHERINE D	1800 BARRS STREET	JACKSONVILLE, FL 32204	<input type="checkbox"/>
ST	BURPEE, A. LELAND	1800 BARRS STREET	JACKSONVILLE, FL 32204	<input type="checkbox"/>
D	ACKERMAN, SCOTT N. MD	1800 BARRS STREET	JACKSONVILLE, FL 32204	<input type="checkbox"/>
D	BRAUD, SAMUEL P III	1800 BARRS STREET	JACKSONVILLE, FL 32204	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PD	Maher John	1801 Barrs St., Suite 600	Jacksonville, FL 32204	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Hildenberger, Mary Frances	1800 Barrs St.	Jacksonville, FL 32204	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Thornton, James Patrick	1800 Barrs St.	Jacksonville, FL 32204	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Franklin, Jr., Fred	1800 Barrs St.	Jacksonville, FL 32204	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Bader, Mary	1800 Barrs St.	Jacksonville, FL 32204	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS	Sinclair, Donna	1801 Barrs St., Suite 600	Jacksonville, FL 32204	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 a name like empowered.

**SIGNATURE:** \_\_\_\_\_ *Maher* \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/12/04 (904) 308-4001