


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90320 047 ****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

50039204



01212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3650609	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
TEPPERT, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRCLIFF, ROBERT T		NAME	<i>Page 1 of 2 - see attached</i>	
STREET ADDRESS	1800 BARRS STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, J. SHEPARD JR		NAME		
STREET ADDRESS	1800 BARRS STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, CATHERINE D		NAME		
STREET ADDRESS	1800 BARRS STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURPEE, A. LELAND		NAME		
STREET ADDRESS	1800 BARRS STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKERMAN, SCOTT N. MD		NAME		
STREET ADDRESS	1800 BARRS STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUD, SAMUEL P III		NAME		
STREET ADDRESS	1800 BARRS STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		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 my business, with all other like empowered.

SIGNATURE: *M. M. M.* Date: 1.26.05 Daytime Phone # _____

ATTACHMENT 50039204
#000000002191

St. Vincent's Health System, Inc.
2005 Not-For-Profit Corporation Annual Report

Page 2 of 2

List of Additional Officers and Directors:

D – Bader, Mary
DST – Franklin, Jr., Fred D.
D – Hildenberger, Mary Frances
DP – Maher, John J.
D – Mullaney, Richard
D – Rice, C. Daniel
AS – Sinclair, Donna
D – Thornton, James P.

Address for Officers and Directors:
1800 Barrs St., Jacksonville, FL 32204