
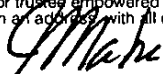


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90088 037 ****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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3650609	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DC	<input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRCLIFF, ROBERT T			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	BRYAN, J. SHEPARD JR			NAME	
STREET ADDRESS	1800 BARRS STREET			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204			CITY-ST-ZIP	
TITLE	D	<input checked="" 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	D	<input type="checkbox"/> Delete		TITLE	<input 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	DVC	<input type="checkbox"/> Delete		TITLE	CD <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 exemptions contained in Chapter 119, 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: 		JOHN MAHER		4-10-06 904-308-4002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40053590



04072006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3650609

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

\$5.00 May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 D Change Addition

Page 1 of 2
 See attached

CD Change Addition

SIGNATURE:  JOHN MAHER 4-10-06 904-308-4002

ATTACHMENT

40053590

St. Vincent's Health System, Inc.
2006 Not-For-Profit Corporation Annual Report
Document # N00000002191

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List of Additional Officers and Directors:

D - Sister Mary Bader, DC
D - Fred D. Franklin, Jr.
D - Sister Mary Frances Hildenberger, DC
DP - John J. Maher
D - Richard Mullaney
DST - Daniel Rice, Secretary/Treasurer
D - Sister Jean Rhoads, D.C.
AS - Donna J. Sinclair, Assistant Secretary
DVC - J.Patrick Thornton

Address for Officers and Directors:

1800 Barrs Street, Jacksonville, FL 32204



ST. VINCENT'S

ATTACHMENT

40053590

#N000000062191

1801 Barrs Street, Suite 615
Jacksonville, Florida 32204

Phone: (904) 308-4026
FAX: (904) 308-4072

Jon P. DeBardleben
Associate Counsel
Legal Department
April 17, 2006

Division of Corporations
Clifton Building
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: 2006 Annual Reports

Dear Sir or Madam:

Enclosed for filing please find the following reports along with checks payable to the Florida Department of State:

2006 Not-For-Profit Corporation Annual Reports

St. Vincent's Health System, Inc.	\$61.25
St. Vincent's Medical Center, Inc.	\$61.25
St. Vincent's Foundation, Inc.	\$61.25
St. Catherine Laboure Manor, Inc.	\$61.25

2006 For Profit Corporation Annual Reports


Consolidated Pharmacy Services, Inc.	\$150.00
Advanced Patient Transportation, Inc.	\$150.00
Seton Pharmacy, Inc.	\$150.00
Seton Realty, Inc.	\$150.00

2006 Limited Liability Company Annual Report

Park Avenue Heart & Vascular Center, L.L.C.	\$50.00
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Please contact me if you need any further information.

Sincerely,


Jon P. DeBardleben

Enclosures