



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90218 039 \*\*\*\*61.25

<b>DOCUMENT # N00000002191</b> 1. Entity Name <b>ST. VINCENT'S HEALTH SYSTEM, INC.</b>					
Principal Place of Business <b>1800 BARRS STREET JACKSONVILLE, FL 32204</b>			Mailing Address <b>1800 BARRS STREET JACKSONVILLE, FL 32204</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3650609</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>TEPERT, LAURIE SVP AND GENERAL COUNSEL 1801 BARRS STREET, SUITE 615 JACKSONVILLE, FL 32204</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input 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 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	CD <input type="checkbox"/> Delete	TITLE	<input 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			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 all other like empowered.					
<b>SIGNATURE:</b> 		<b>JOHN MAHER</b>		<b>4-25-07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <b>904-308-4002</b>	

ATTACHMENT

40083936

**St. Vincent's Health System, Inc.**  
**2007 Not-For-Profit Corporation Annual Report**  
**Document # N00000002191**

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List of Additional Officers and Directors:

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

Address for Officers and Directors:

1800 Barrs Street, Jacksonville, FL 32204