


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**

2008 JAN -9 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 - No P.O. Box # 1 Shircliff Way		3. Mailing Address c/o Laurie Teppert, 2 Shircliff Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 615	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32204		Zip 32204	
Country USA		Country USA	
4. FEI Number 59-3650609		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEPERT, LAURIE SVP AND GENERAL COUNSEL 1801 BARRS STREET, SUITE 615 JACKSONVILLE, FL 32204		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2 Shircliff Way, Suite 615 City Jacksonville FL Zip Code 32204	
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 _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	D SHIRCLIFF, ROBERT T 1800 BARRS STREET JACKSONVILLE, FL 32204 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VC Thornton, James Patrick 1 Shircliff Way Jacksonville, FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRYAN, J. SHEPARD JR 1800 BARRS STREET JACKSONVILLE, FL 32204 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T Franklin, Fred T., Jr. 1 Shircliff Way Jacksonville, FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURPEE, A. LELAND 1800 BARRS STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 Shircliff Way Phone 115146877 01/15/08--01014--007 ***70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ACKERMAN, SCOTT N. MD 1800 BARRS STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 Shircliff Way
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BRAUD, SAMUEL P III 1800 BARRS STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 Shircliff Way
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bader, Sister Mary, DC 1 Shircliff Way Jacksonville, FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Scott N. Ackerman</i>		Date: 1/8/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 904.308.8446	

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TALLAHASSEE, FLORIDA

Additions:

Title: D  
Name: Chartrand, Gary R  
Street Address: 1 Shircliff Way  
City-ST-Zip: Jacksonville, FL 32204

Title: D  
Name: Hildenberger, Sister Mary Frances  
Street Address: 1 Shircliff Way  
City-ST-Zip: Jacksonville, FL 32204

Title: D  
Name: Morales, Ricardo, Jr.  
Street Address: 1 Shircliff Way  
City-ST-Zip: Jacksonville, FL 32204

Title: D  
Name: Mullaney, Richard  
Street Address: 1 Shircliff Way  
City-ST-Zip: Jacksonville, FL 32204

Title: D  
Name: Murphy, Sister Nancy  
Street Address: 1 Shircliff Way  
City-ST-Zip: Jacksonville, FL 32204

Title: D  
Name: Rice, C. Daniel  
Street Address: 1 Shircliff Way  
City-ST-Zip: Jacksonville, FL 32204

Title: D  
Name: Simmons, Sidney S., II  
Street Address: 1 Shircliff Way  
City-ST-Zip: Jacksonville, FL 32204

Title: SVP and General Counsel  
Name: Teppert, Laurie  
Street Address: 2 Shircliff Way  
City-ST-Zip: Jacksonville, FL 32204

Title: P/D  
Name: Whalen, Scott A., Ph.D.  
Street Address: 1 Shircliff Way  
City-ST-Zip: Jacksonville, FL 32204