

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002191

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: ST. VINCENT'S HEALTH SYSTEM, INC.

## Current Principal Place of Business:

1 SHIRCLIFF WAY  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

% LAURIE TEPPERT  
2 SHIRCLIFF WAY, SUITE 615  
JACKSONVILLE, FL 32204

## New Mailing Address:

LAURIE TEPPERT  
2 SHIRCLIFF WAY, SUITE 600  
JACKSONVILLE, FL 32204

FEI Number: 59-3650609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TEPPERT, LAURIE  
SVP AND GENERAL COUNSEL  
2 SHIRCLIFF WAY, SUITE 615  
JACKSONVILLE, FL 32204 US

## Name and Address of New Registered Agent:

TEPPERT, LAURIE  
SVP AND GENERAL COUNSEL  
2 SHIRCLIFF WAY, SUITE 600  
JACKSONVILLE, FL 32204 US

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.

SIGNATURE:

04/22/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DVC ( ) Delete  
Name: THORNTON, JAMES PATRICK  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

Title: ST ( ) Delete  
Name: FRANKLIN, FRED T JR  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: BURPEE, A. LELAND  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: ACKERMAN, SCOTT N. MD  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

Title: CD ( ) Delete  
Name: BRAUD, SAMUEL P III  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition  
Name: THORNTON, JAMES PATRICK  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

Title: O (X) Change ( ) Addition  
Name: FRANKLIN, FRED T JR  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change ( ) Addition  
Name: CHARTRAND, GARY R  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change ( ) Addition  
Name: MORALES, RICARDO JR  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change ( ) Addition  
Name: MULLANEY, RICHARD  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Change (X) Addition  
Name: WHALEN, SCOTT  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE TEPPERT

RA

04/22/2009

Electronic Signature of Signing Officer or Director

Date