

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0000119

DOCUMENT # **N00000002191**

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



FILED

03 FEB -3 AM 10: 58

Principal Place of Business
**1800 BARRS STREET
JACKSONVILLE FL 32204**

Mailing Address
**1800 BARRS STREET
JACKSONVILLE FL 32204**

TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

500011593055
01/31/03 01061 005 \$61.25

4. FEI Number **59-3650609**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 *Laurie TePERT*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/17/03

DATE

FILE NOW: FEE IS \$61.25

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 |
| NAME | SHIRCLIFF, ROBERT T | |
| STREET ADDRESS | 1800 BARRS STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | |
| TITLE | VC | <input type="checkbox"/> Delete |
| NAME | BRYAN, J. SHEPARD JR | |
| STREET ADDRESS | 1800 BARRS STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NORTON, CATHERINE D | |
| STREET ADDRESS | 1800 BARRS STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | BURPEE, A. LELAND | |
| STREET ADDRESS | 1800 BARRS STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ACKERMAN, SCOTT N. MD | |
| STREET ADDRESS | 1800 BARRS STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRAUD, SAMUEL P III | |
| STREET ADDRESS | 1800 BARRS STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | |

| | | |
|----------------|-----------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Maher, John | |
| STREET ADDRESS | 1801 Barrs St. Suite 600 | |
| CITY-ST-ZIP | Jacksonville, FL 32204 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Hildenberger, Mary Frances | |
| STREET ADDRESS | 1800 Barrs St | |
| CITY-ST-ZIP | Jacksonville, FL 32204 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Thernton, James Patrick | |
| STREET ADDRESS | 1800 Barrs St | |
| CITY-ST-ZIP | Jacksonville, FL 32204 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Franklin, Fred Jr | |
| STREET ADDRESS | 1800 Barrs St | |
| CITY-ST-ZIP | Jacksonville, FL 32204 | |
| TITLE | AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Sinclair, Donna | |
| STREET ADDRESS | 1801 Barrs St Suite 600 | |
| CITY-ST-ZIP | Jacksonville FL 32204 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E037 (10/02)

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 an address, with all other like empowered.

SIGNATURE: *SIG REQUIRED*