FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04454 (7)

1. Corporation Name

ST. LUKE'S HEALTH SYSTEMS, INC.

Principal Place of Business	Mailing Address
4201 BELFORT ROAD JACKSONVILLE FL 32216-5898	4201 BELFORT ROAD JACKSONVILLE FL 32216-5898

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2433304 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

READ, J. LARRY
4201 BELFORT ROAD
JACKSONVILLE FL 32216-5898

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, JAMES G.	12 NAME		
STREET ADDRESS	4201 BELFORT RD.	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BLACK, LEO F.	22 NAME		
STREET ADDRESS	4500 SAN PABLO RD.	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223	24 CITY-ST-ZIP		
TITLE	~~D~~	31 TITLE		☐ Change ☐ Addition
NAME	~~MARTIN, J. KIRK~~	32 NAME		
STREET ADDRESS	~~4500 SAN PABLO RD.~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE FL 32223~~	34 CITY-ST-ZIP		
TITLE	~~DVST~~	41 TITLE	P	☒ Change ☐ Addition
NAME	READ, J L	42 NAME		
STREET ADDRESS	4201 BELFORT ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216	44 CITY-ST-ZIP		
TITLE		51 TITLE	S	☐ Change ☒ Addition
NAME		52 NAME	Smith, Kenneth E.	
STREET ADDRESS		53 STREET ADDRESS	4201 Belfort RD.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	Page, Jr., Eugene E.	
STREET ADDRESS		63 STREET ADDRESS	4201 Belfort RD.	
CITY-ST-ZIP		64 CITY-ST-ZIP	Jacksonville, FL 32216	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption under Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Larry Read 4-25-95 (904) 296-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
J. Larry Read

0325695