

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N04454** (7)

1. Corporation Name

ST. LUKE'S HEALTH SYSTEMS, INC.



Principal Place of Business

**4201 BELFORT ROAD
JACKSONVILLE FL 32216-5898**

Mailing Address

**4201 BELFORT ROAD
JACKSONVILLE FL 32216-5898**

3. Date Incorporated or Qualified

07/31/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ANDERSON, JAMES G.**
STREET ADDRESS **4201 BELFORT RD.**
CITY - ST - ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ DELETE
NAME **BLACK, LEO F.**
STREET ADDRESS **4500 SAN PABLO RD.**
CITY - ST - ZIP **JACKSONVILLE FL 32223**

TITLE **D** ☒ DELETE
NAME **PAGE, EUGENE E. R.**
STREET ADDRESS **4201 BELFORT RD.**
CITY - ST - ZIP **JACKSONVILLE FL 32216**

TITLE **P** ☐ DELETE
NAME **READ, J. L.**
STREET ADDRESS **4201 BELFORT ROAD**
CITY - ST - ZIP **JACKSONVILLE FL 32216**

TITLE **S** ☒ DELETE
NAME **SMITH, ENNETH E**
STREET ADDRESS **4201 BELFORT RD.**
CITY - ST - ZIP **ACSONVILLE FL 32216**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S** ☐ Change ☒ Addition
1.2 NAME **HUBER, HAROLD**
1.3 STREET ADDRESS **4201 BELFORT ROAD**
1.4 CITY - ST - ZIP **JACKSONVILLE FL 32216**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **FLEMING, RICHARD MD**
2.3 STREET ADDRESS **4500 SAN PABLO ROAD**
2.4 CITY - ST - ZIP **JACKSONVILLE, FL 32223**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in 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: **X**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)