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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32216-1431**



2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified
07/31/1984

3a. Date of Last Report
07/09/1996

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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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

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

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **HUBER, HAROLD**
CITY - ST - ZIP **4201 BELFORT ROAD
JACKSONVILLE FL 32216-5898**

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FLEMING, RICHARD MD**
CITY - ST - ZIP **4500 SAN PABLO ROAD
JACKSONVILLE FL 32223**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

**Herrell, John H.
200 SW 1st St
Rochester, MN**

14. I do 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 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:

Harold Huber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97
Date

904-296-4607
Daytime Phone *0005626

CR2E037 (9/96)

TITLE: T
NAME: STRUSS, MARIA
STREET ADDRESS: 4201 BELFORT ROAD
CITY-ST-ZIP: JACKSONVILLE, FL 32216