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Mar 09 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div> DOCUMENT # N04454 1. Corporation Name ST. LUKE'S HEALTH SYSTEMS, INC. </div> <div style="font-size: 2em; font-weight: bold;">(7)</div> </div> | | |
| Principal Place of Business 4201 BELFORT ROAD JACKSONVILLE FL 32216-5898 | | Mailing Address 4201 BELFORT ROAD JACKSONVILLE FL 32216-5898 |
| 2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;">21</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">22</div> City & State <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">24</div> Zip <div style="border: 1px solid black; padding: 2px;">25</div> Country </div> | 2a. Mailing Address <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">27</div> City & State <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">28</div> Zip <div style="border: 1px solid black; padding: 2px;">29</div> Country </div> | |
| 9. Name and Address of Current Registered Agent | | |
| READ, J. LARRY 4201 BELFORT ROAD JACKSONVILLE FL 32216-5898 | | <div style="border: 1px solid black; padding: 2px;">81</div> Name <div style="border: 1px solid black; padding: 2px;">82</div> Street Address <div style="border: 1px solid black; padding: 2px;">83</div> <div style="border: 1px solid black; padding: 2px;">84</div> City |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required) | | |
| 12. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="border: 1px solid black; padding: 5px;"> D ANDERSON, JAMES G. 4201 BELFORT RD. JACKSONVILLE FL 32216 </div> <div style="text-align: right;"><input checked="" type="checkbox"/> DELETE</div> | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="border: 1px solid black; padding: 5px;"> D BLACK, LEO F. 4500 SAN PABLO RD. JACKSONVILLE FL 32223 </div> <div style="text-align: right;"><input type="checkbox"/> DELETE</div> | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="border: 1px solid black; padding: 5px;"> P READ, J L 4201 BELFORT ROAD JACKSONVILLE FL 32216 </div> <div style="text-align: right;"><input type="checkbox"/> DELETE</div> | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="border: 1px solid black; padding: 5px;"> S HUBER, HAROLD 4201 BELFORT ROAD JACKSONVILLE FL 32216-5898 </div> <div style="text-align: right;"><input type="checkbox"/> DELETE</div> | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="border: 1px solid black; padding: 5px;"> D FLEMING, RICHARD MD 4500 SAN PABLO ROAD JACKSONVILLE FL 32223 </div> <div style="text-align: right;"><input checked="" type="checkbox"/> DELETE</div> | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="border: 1px solid black; padding: 5px;"> T HERRELL, JOHN H 200 S.W. 1ST ST. ROCHESTER MN </div> <div style="text-align: right;"><input type="checkbox"/> DELETE</div> | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP |

(b) (7)(C), (b) (7)(D)

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| 3. Date Incorporated or Qualified 07/31/1984 | | |
| 4. FEI Number 59-2433304 | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 10. Name and Address of New Registered Agent | | |
| (P.O. Box Number is Not Acceptable) | | |
| State FL | | SSN 85 Zip Code |
| I hereby submit this statement for the purpose of changing its registered agent on its board of directors. I hereby accept the appointment as registered agent. | | |
| (When reinstating) DATE | | |
| ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MONTHS | | |
| 1. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mr. E. Eugene Jr. MD 800 San Pablo Road Jacksonville, FL 32223 | | |
| 2. <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 3. <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 4. <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 5. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mr. Dale E. Belfort 801 Belfort Road Jacksonville, FL 32216 | | |
| 6. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mr. James K. Orio 800 San Pablo Road Jacksonville, FL 32223 | | |

CB2F037 (10/97)

14. 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 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.

(Call Number) 0018 US 166196 2/24/88 908/296-3717