NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE +

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # NO4454 1. Corporation Name

ST. LUKE'S HEALTH SYSTEMS, INC.

		_		-
Principal	Place	of	Business	

Mailing Address

4201 BELFORT ROAD JACKSONVILLE FL 32215-5898

4201 BELFORT ROAD JACKSONVILLE FL 32216-5898

FILED May 10, 1999 8:00 am Secretary of State

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2. Principal F	Place of Business	2a. I	Mailing Address				3. Date Incorporated or Qualifed		
21	FIGURE OF EUGINEES	26	Fighting Flooress			ľ	07/31/1984		
Suite, Apt	# etc		Suite, Apt. #, etc.				4. FEI Number	Ap	plied For
22	. 17, 910.	27					59-2433304	No	t Applicable
City & Sta	ite		City & State			-	S. A. S. A. Braham Braham .	\$8.75	Viditional
23		28					5. Certificate of Status Desired	Fee Re	quired
Zip	Country		Zip	Coun	try		6. Election Campaign Financing	\$5.00	May Be
24	25	29	[30			Trust Fund Contribution	Added t	o Fees
	9. Name and Address of Curren		red Agent			1	D. Name and Address of New Register	ed Agent	
			 -		31 Nam	e			
READ. J.	1 APRV			<u> </u>	32 Stree	at Addresse	(P.O. Box Number is Not Acceptable)	 -	
,	FORT ROAD				21 3000	af _001.49>	(F.O. DOX MAINED IN NOT PROOPERING)		
	VILLE FL 32216-5898			Ì	33				
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]1	B4 City		F	85 Zip (, COUR
11 Pursuant	to the amplelone of Sections 617 050	2 and 617	7 1508 Florida Statute	s the abo	Ne-name	d corporat	ion submits this statement for the purpose	of changing its	registered
Office or	registered agent, or both, in the State	of Florida	. Such change was au	thorized	by the co	rporation's	ion submits this statement for the purpose board of directors. I hereby accept the ap	pointment as ret	gistered
agent, I a	am familiar with, and accept the obligat	tions of, S	section 617.0503, Flor	ida Statut	85 .				
SIGNATURE				Operators of A		re required whi	DATE DATE		
12.	Signature, typed or printed name of registered ager OFFICERS AN			13.	Seri Share		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TIFLE	W D	DINEO	☐ DELETE	1.1 TITL		YC		Change	☐ Addition
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NAME	PAGE, E EUGENE JR M				r. Eet addres				
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Indicated on this annual report or supplemental annual report is true and accurate and mat my signature shall nave the same regal effect as it made throst oath, that it is not officer or director of the corporation or the receiver or trustee empowered to excute 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, with all other like empowered.

SIGNATURE: