

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

05-10-1999 90135 035 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N04454**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	2b	07/31/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2433304
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	
24	25	29
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
85	Zip Code

FL

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, E EUGENE JR M	1.2 NAME	VC
STREET ADDRESS	4500 SAN PABLO RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, LEO F.	2.2 NAME	C
STREET ADDRESS	4500 SAN PABLO RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	READ, J L	3.2 NAME	Walters, Robert M.
STREET ADDRESS	4201 BELFORT ROAD	3.3 STREET ADDRESS	4500 San Pablo Road
CITY-ST-ZIP	JACKSONVILLE FL 32216	3.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBER, HAROLD	4.2 NAME	DeOrto, James K.
STREET ADDRESS	4201 BELFORT ROAD	4.3 STREET ADDRESS	4500 San Pablo Road
CITY-ST-ZIP	JACKSONVILLE FL 32216-5898	4.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCKING, DALE E	5.2 NAME	
STREET ADDRESS	4201 BELFORT RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRELL, JOHN H	6.2 NAME	
STREET ADDRESS	200 S.W. 1ST ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER MN	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

Date

Daytime Phone #

CR2E037 (1/98)