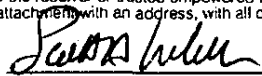


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 JAN -9 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000006410			
1. Entity Name ST. LUKE'S-ST.VINCENT'S HEALTHCARE, INC.			
Principal Place of Business 4201 BELFORT RD. JACKSONVILLE, FL 32215		Mailing Address 4201 BELFORT RD. JACKSONVILLE, FL 32215	
2. Principal Place of Business - No P.O. Box # 1 Shircliff Way		3. Mailing Address c/o Laurie Teppert, 2 Shircliff Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 615	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32204	Country USA	Zip 32204	Country USA
4. FEI Number 26-0479484		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TEPPERT, LAURIE S. 1801 BARRS ST., STE. 615 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2 Shircliff Way, Suite 615 City Jacksonville FL Zip Code 32204	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE _____			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRAUD, SAMUEL P. 1801 BARRS ST. JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1 Shircliff Way 4201 BELFORT RD. 01/15/08--01014--000 ***78.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC THORTON, JAMES P. 1801 BARRS ST. JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1 Shircliff Way
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICE, C. DANIEL 1801 BARRS ST. JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D 1 Shircliff Way
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHER, JOHN 1801 BARRS ST. JACKSONVILLE, FL 32204 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition P/D Whalen, Scott A., Ph.D. 1 Shircliff Way Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKERMAN, SCOT MD 1801 BARRS ST. JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1 Shircliff Way
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADER, S. MARY 1801 BARRS ST. JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1 Shircliff Way
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		1/8/2008 904.305.8446	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Additions:

Title: D
Name: Burpee, Jr. A. Leland
Street Address: 1 Shircliff Way
City-ST-Zip: Jacksonville, FL 32204

Title: S/T/D
Name: Franklin, Jr. Fred D.
Street Address: 1 Shircliff Way
City-ST-Zip: Jacksonville, FL 32204

Title: D
Name: Hildenberger, Sister Mary Frances
Street Address: 1 Shircliff Way
City-ST-Zip: Jacksonville, FL 32204

Title: D
Name: Mullaney, Richard
Street Address: 1 Shircliff Way
City-ST-Zip: Jacksonville, FL 32204

Title: D
Name: Murphy, Sister Nancy
Street Address: 1 Shircliff Way
City-ST-Zip: Jacksonville, FL 32204

Title: SVP/AS/D/General Counsel
Name: Teppert, Laurie
Street Address: 2 Shircliff Way
City-ST-Zip: Jacksonville, FL 32204