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	Mailing Address
4201 BELFORT RD. JACKSONVILLE, FL 32215	4201 BELFORT RD. JACKSONVILLE, FL 32215

01022008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1 Shircliff Way	c/o Laurie Teppert, 2 Shircliff Way
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 615
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip / Country 32204 / USA	Zip / Country 32204 / 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	7. Name and Address of New Registered Agent
TEPPERT, LAURIE S. 1801 BARRS ST., STE. 615 JACKSONVILLE, FL 32202	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 signature required when reinstating) DATE

Filing Fee is $61.25
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	
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	410015141524 01/15/08--01014--008 **10.00 ☒ 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	D 1 Shircliff Way	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAHER, JOHN 1801 BARRS ST. JACKSONVILLE, FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Whalen, Scott A., Ph.D. 1 Shircliff Way Jacksonville, FL 32204	☐ Change ☒ Addition
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	1 Shircliff Way	☒ Change ☐ Addition
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	1 Shircliff Way	☒ Change ☐ Addition

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: Scott Whalen 1/8/2008 904.308.8446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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