

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006410

FILED
Apr 09, 2010
Secretary of State

Entity Name: ST. LUKE'S-ST.VINCENT'S HEALTHCARE, INC.

Current Principal Place of Business:

1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

LAURIE TEPPERT
2 SHIRCLIFF WAY
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 26-0479484 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TEPPERT, LAURIE S
2 SHIRCLIFF WAY
SUITE 600
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O
Name: THORNTON, JAMES PATRICK
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: CHISHOLM, MOODY
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: CHARTRAND, GARY R
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: O
Name: FRANKLIN, FRED D JR
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: MORALES, RICARDO JR
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: MULLANEY, RICHARD
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MOODY CHISHOLM

D

04/09/2010

Electronic Signature of Signing Officer or Director

Date