

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006410

FILED  
Apr 30, 2012  
Secretary of State

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

**Current Principal Place of Business:**

14201 BELFORT ROAD  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

JON P. DEBARDELEBEN  
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:**

DEBARDELEBEN, JON P  
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: RICE, C. DANIEL  
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: SIMMONS, SIDNEY S II  
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: JON P. DEBARDELEBEN

RA

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date