


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000002513 (8)**

1. Corporation Name

**BAPTIST/ST. VINCENT'S HEALTH SYSTEM, INC.**

Principal Place of Business

**1301 RIVERPLACE BLVD  
SUITE 1700  
JACKSONVILLE FL 32207  
US**

Mailing Address

**1301 RIVERPLACE BLVD  
SUITE 1700  
JACKSONVILLE FL 32207  
US**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip Country

9. Name and Address of Current Registered Agent

**GRANGER, HARVEY  
1301 RIVERPLACE BLVD  
SUITE 1700  
JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified

**05/26/1995**

4. FEI Number

**59-3315963**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

☐ DELETE

**D**  
**BRYAN, J. SHEPARD**  
**1301 RIVERPLACE BLVD #1700**  
**JACKSONVILLE FL**

☐ DELETE

**DT**  
**BURPEE, A. LELAND**  
**1301 RIVERPLACE BLVD #1700**  
**JACKSONVILLE FL**

☐ DELETE

**DS**  
**COOPER, EDGAR R**  
**1301 RIVERPLACE BLDV #1700**  
**JACKSONVILLE FL**

☐ DELETE

**D**  
**EBY, SISTER MARY C**  
**1301 RIVERPLACE BLVD #1700**  
**JACKSONVILLE FL**

☐ DELETE

**DELETED**

☐ DELETE

**DELETED**

☐ DELETE

**DELETED**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1** TITLE  
**1.2** NAME  
**1.3** STREET ADDRESS  
**1.4** CITY-ST-ZIP

☐ Change ☐ Addition

**2.1** TITLE  
**2.2** NAME  
**2.3** STREET ADDRESS  
**2.4** CITY-ST-ZIP

☐ Change ☐ Addition

**3.1** TITLE  
**3.2** NAME  
**3.3** STREET ADDRESS  
**3.4** CITY-ST-ZIP

☐ Change ☐ Addition

**4.1** TITLE  
**4.2** NAME  
**4.3** STREET ADDRESS  
**4.4** CITY-ST-ZIP

☐ Change ☐ Addition

**5.1** TITLE  
**5.2** NAME  
**5.3** STREET ADDRESS  
**5.4** CITY-ST-ZIP

☐ Change ☐ Addition

**6.1** TITLE  
**6.2** NAME  
**6.3** STREET ADDRESS  
**6.4** CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE: 

Rebecca B. Jackson

4-24-98

904/202-4005

CR2E037 (10/97)

**BAPTIST/ST.VINCENT'S HEALTH SYSTEM, INC.**

D	Groover, Jack R., M.D.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D	Preston H. Haskell	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D	Hatcher, William K.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D	Keehan, Sister Carol	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D/C	Kraus, Sister Irene	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D/P	Maher, John J.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D/VC	Mason, William C.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D	Rowe, Robert L., Jr.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D	Shircliff, Robert T.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D	Small, James E.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D	Stokes, Joseph B., M.D.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D	Watson, William A., Jr.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D	Whorton, Judson S.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D/VC	Williams, John H., Jr.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207

V	Dvorak, Robert M.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
V	Greene, A. Hugh	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
V	Logue, John W.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
V	Thompson, Carol C.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
AS	Jackson, Rebecca B.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207