

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90043 001 ****61.25

DOCUMENT # N95000002513

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.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip **30** Country

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

9. Name and Address of Current Registered Agent

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

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

TITLE **D** ☐ DELETE
NAME **BRYAN, J. SHEPARD**
STREET ADDRESS **1301 RIVERPLACE BLVD #1700**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DT** ☐ DELETE
NAME **BURPEE, A. LELAND**
STREET ADDRESS **1301 RIVERPLACE BLVD #1700**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DS** ☐ DELETE
NAME **COOPER, EDGAR R**
STREET ADDRESS **1301 RIVERPLACE BLDV #1700**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **EBY, SISTER MARY C**
STREET ADDRESS **1301 RIVERPLACE BLVD #1700**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]*

REGISTERED AGENT Secretary

4-23-99

904/202-4005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

545433-90043-1

DOCUMENT # N95000002513

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

D	Groover, Jack R., M.D.	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	Rowe, Robert L., Jr.	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
V	Dvorak, Robert M.	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

CHANGES:

DP	Greene, A. Hugh	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
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BAPTIST/ST. VINCENT'S HEALTH SYSTEM, INC.

D	Williams, John H., Jr.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
DVC	Maher, John J.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
DC	Mason, William C.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
DVC	Shircliff, Robert T.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207

ADDITION:

	Henkel, Robert J.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
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DELETIONS:

D	Preston H. Haskell	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D/C	Kraus, Sister Irene	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207