

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002513

1. Entity Name

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

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90059 020 ****61.25

Principal Place of Business	Mailing Address
1301 RIVERPLACE BLVD SUITE 1700 JACKSONVILLE FL 32207 US	1301 RIVERPLACE BLVD SUITE 1700 JACKSONVILLE FL 32207-9023 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3315963	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANGER, HARVEY
1301 RIVERPLACE BLVD
SUITE 1700
JACKSONVILLE FL 32207

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, J. SHEPARD 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BURPEE, A. LELAND 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COOPER, EDGAR R 1301 RIVERPLACE BLDV #1700 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBY, SISTER MARY C 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rebecca B. Jackson, Asst. Sec. 4-19-00 904/202-4005

CR2E037 (9/99)

Attachment
#N95000002513
A0047936


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