

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # N95000002513****1. Entity Name**
BAPTIST/ST. VINCENT'S HEALTH SYSTEM, INC.

Principal Place of Business	Mailing Address
1325 SAN MARCO BOULEVARD SUITE 902 JACKSONVILLE 32207 US	1325 SAN MARCO BOULEVARD SUITE 902 JACKSONVILLE 32207 US

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3315963Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**GRANGER HARVEY
BAPTIST/ST. VINCENT'S HEALTH SYSTEM, INC.
1325 SAN MARCO BOULEVARD, STE 902
JACKSONVILLE FL
32207 USName
GRANGER HARVEY
Street Address (P.O. Box Number is Not Acceptable)
BAPTIST HEALTH
1325 SAN MARCO BOULEVARD, STE 902
City JACKSONVILLE FL Zip Code 32207**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 HARVEY GRANGER****03/29/2001**

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	<input type="checkbox"/> Delete
	D	EBY SISTER MARY C	1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL	<input type="checkbox"/> Delete
	DS	COOPER EDGAR R	1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL	<input type="checkbox"/> Delete
	DT	BURPEE A. LELAND	1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL	<input type="checkbox"/> Delete
	D	BRYAN J. SHEPARD	1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
AS	JACKSON REBECCA B	1325 SAN MARCO BLVD #902 JACKSONVILLE FL	32207	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
DVS	CORRIGAN JAMES M	1325 SAN MARCO BLVD #902 JACKSONVILLE FL	32207	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DC	MAHER JOHN J	1325 SAN MARCO BLVD #902 JACKSONVILLE FL	32207	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DVT	LUKASZEWSKI MICHAEL	1325 SAN MARCO BLVD #902 JACKSONVILLE FL	32207	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	GREENE A. HUGH	1325 SAN MARCO BLVD #902 JACKSONVILLE FL	32207	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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)(f), 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: REBECCA B. JACKSON**

AS

03/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)