

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90035 032 ****61.25

DOCUMENT # N95000002513

1. Entity Name
BAPTIST/ST. VINCENT'S HEALTH SYSTEM, INC.



Principal Place of Business
1325 SAN MARCO BOULEVARD
SUITE 902
JACKSONVILLE, FL 32207 US

Mailing Address
1325 SAN MARCO BOULEVARD
SUITE 902
JACKSONVILLE, FL 32207 US

40111263



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3315963

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANGER, HARVEY
BAPTIST HEALTH
1325 SAN MARCO BOULEVARD, STE 902
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GREENE, A. HUGH	
STREET ADDRESS	1325 SAN MARCO BLVD #902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	LUKASZEWSKI, MICHAEL	
STREET ADDRESS	1325 SAN MARCO BLVD #902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	DC	<input type="checkbox"/> Delete
NAME	MAHER, JOHN J	
STREET ADDRESS	1325 SAN MARCO BLVD #902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	CORRIGAN, JAMES M	
STREET ADDRESS	1325 SAN MARCO BLVD #902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curran, Daniel	
STREET ADDRESS	1325 San Marco Blvd #902	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 904-202-5010
Date Daytime Phone #