2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# P10000016609

Entity Name: ST. VINCENT'S PHYSICIAN ENTERPRISE, INC.

Current Principal Place of Business:

2 SHIRCLIFF WAY
SUITE 600
JACKSONVILLE,, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

2 SHIRCLIFF WAY
SUITE 600
JACKSONVILLE,, FL 32204 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TEPPERT, LAURIE S
2 SHIRCLIFF WAY
SUITE 600
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MCINNES, DAVID M.D.
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP
Name: PERRY, PHIL MD
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: CEO
Name: CHISHOLM, MOODY
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP
Name: GOODWIN, CARRIE
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURIE S. TEPPERT RA 04/28/2011

Electronic Signature of Signing Officer or Director Date