

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000016609

FILED  
May 01, 2012  
Secretary of State

**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:**

DEBARDELEBEN, JON P  
2 SHIRCLIFF WAY  
SUITE 600  
JACKSONVILLE, FL 32204 US

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: JON P. DEBARDELEBEN

05/01/2012

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: DARNELL, KAREN  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP  
Name: MIYAMOTO, GENE  
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: JON P. DEBARDELEBEN

RA

05/01/2012

Electronic Signature of Signing Officer or Director

Date