

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 705245

Entity Name: SACRED HEART HEALTH SYSTEM, INC.

Current Principal Place of Business:

5151 NORTH NINTH AVENUE
PENSACOLA, FL 32504

Current Mailing Address:

5151 NORTH NINTH AVENUE
PENSACOLA, FL 32504 US

FEI Number: 59-0634434

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EX-OFFICIO MEMBER
Name CORNEJO, C. SUSAN
Address 5151 NORTH NINTH AVENUE
City-State-Zip: PENSACOLA FL 32504

Title SECRETARY/TREASURER
Name VINSON, MATTHEW
Address 5550 HERITAGE OAKS DRIVE
City-State-Zip: PENSACOLA FL 32526

Title CHAIRMAN
Name SANSING, DAVID
Address 6200 PENSACOLA BOULEVARD
City-State-Zip: PENSACOLA FL 32505

Title MEMBER
Name REMINGTON, AMIE
Address 5151 NORTH NINTH AVENUE
City-State-Zip: PENSACOLA FL 32504

Title MEMBER
Name WATSON, ANGIE
Address 4641 SCENIC HIGHWAY
City-State-Zip: PENSACOLA FL 32504

Title MEMBER
Name NICKELSEN, ALAN
Address 125 WEST ROMANA STREET
SUITE 102
City-State-Zip: PENSACOLA FL 32502

Title MEMBER
Name CARTER, JOAN
Address 5151 NORTH NINTH AVENUE
City-State-Zip: PENSACOLA FL 32504

Title MEMBER
Name RUSHING, KRISTINE
Address 151 W. MAIN STREET
SUITE 200
City-State-Zip: PENSACOLA FL 32502

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW VINSON

SECRETARY/TREASURER 07/13/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MEMBER
Name NYLAND, W. L.
Address 2750 SEMORAN CIRCLE
City-State-Zip: PENSACOLA FL 32503

Title MEMBER
Name MURDOCH, MICHAEL
Address 5151 NORTH NINTH AVENUE
City-State-Zip: PENSACOLA FL 32504