

**2023 FLORIDA NOT FOR PROFIT CORPORATION 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            VC  
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**

**04/18/2023**

\_\_\_\_\_  
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