

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002191

**FILED**  
**Apr 17, 2018**  
**Secretary of State**  
**CC3658154327**

**Entity Name:** ST. VINCENT'S HEALTH SYSTEM, INC.

**Current Principal Place of Business:**

1 SHIRCLIFF WAY  
SUITE 1114  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1 SHIRCLIFF WAY  
SUITE 1114  
JACKSONVILLE, FL 32204 US

**FEI Number: 59-3650609**

**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 C  
Name CHAPPANO, PAUL J. M.D.  
Address 1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

Title D  
Name KULIK, DAVID G  
Address 1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

Title CEO, P  
Name VANOSDOL, THOMAS J.  
Address 1 SHIRCLIFF WAY  
SUITE 1114  
City-State-Zip: JACKSONVILLE FL 32204

Title D  
Name BOYLAN, MICHAEL  
Address 1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

Title D  
Name HARRIS, CARLA  
Address 1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

Title VC  
Name JONES, RICHARD  
Address 1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

Title D  
Name ROYAL, VAN  
Address 1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

Title S, T  
Name ROWAN, HELEN  
Address 1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

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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: HELEN C ROWAN**

**SECRETARY**

**04/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name CODY, M.D., WILLIAM  
Address 1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

Title D  
Name FALCONETTI, JOHN  
Address 1 SHIRCLIFF WAY  
SUITE 1114  
City-State-Zip: JACKSONVILLE FL 32204

Title D  
Name EDGE, AUBREY  
Address 1 SHIRCLIFF WAY  
SUITE 1114  
City-State-Zip: JACKSONVILLE FL 32204

Title D  
Name WALZ, DC, SR. MARY  
Address 1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

Title D  
Name MCGEHEE, THOMAS RIVES JR.  
Address 1 SHIRCLIFF WAY  
SUITE 1114  
City-State-Zip: JACKSONVILLE FL 32204