

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002191

FILED
Mar 22, 2019
Secretary of State
7752608839CC

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

Current Principal Place of Business:

1801 BARRS STREET SUITE 600
JACKSONVILLE, FL 32204

Current Mailing Address:

1801 BARRS STREET SUITE 600
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 1801 BARRS STREET SUITE 600
City-State-Zip: JACKSONVILLE FL 32204

Title CEO, P
Name VANOSDOL, THOMAS
Address 1801 BARRS STREET SUITE 600
City-State-Zip: JACKSONVILLE FL 32204

Title VC
Name EMMANUEL ESQ., ROBERT
Address 1801 BARRS STREET SUITE 600
City-State-Zip: JACKSONVILLE FL 32204

Title D
Name MERRILL, J. COLLIER
Address 5151 NORTH 9TH AVENUE
City-State-Zip: PENSACOLA FL 32513

Title D
Name O'SULLIVAN III, J. MORT
Address 1801 BARRS STREET SUITE 600
City-State-Zip: JACKSONVILLE FL 32204

Title D
Name FALCONETTI, JOHN
Address 1801 BARRS STREET SUITE 600
City-State-Zip: JACKSONVILLE FL 32204

Title D
Name DEMETREE JR., JACK C.
Address 1801 BARRS STREET SUITE 600
City-State-Zip: JACKSONVILLE FL 32204

Title D
Name ROCHE, JOHN
Address 6801 AIRPORT BLVD
SUITE 1114
City-State-Zip: MOBILE AL 36608

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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: MARY ELLEN LACY

SECRETARY

03/22/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY, TREASURER
Name LACY, MARY ELLEN
Address 1801 BARRS STREET SUITE 600
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name SIMMONS II, SIDNEY
Address 1801 BARRS STREET SUITE 600
City-State-Zip: JACKSONVILLE FL 32204