

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002191

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

**Current Principal Place of Business:**

1 SHIRCLIFF WAY  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1 SHIRCLIFF WAY  
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            PRESIDENT  
Name            KING, DON  
Address        1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

Title            TREASURER  
Name            O'SULLIVAN, J. MORT III  
Address        1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

Title            VC  
Name            BENSON, HOLLY ESQ.  
Address        101 SOUTH NINTH AVENUE  
City-State-Zip: PENSACOLA FL 32502

Title            CHAIRMAN  
Name            FALCONETTI, JOHN  
Address        1 SHIRCLIFF WAY  
City-State-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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DON KING

**AUTHORIZED PERSON**

**04/28/2025**

Electronic Signature of Signing Officer/Director Detail

Date