

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002191

FILED
Apr 28, 2017
Secretary of State
CC6432125765

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:

MIDDLEBROOKS, J. HUGH
1 SHIRCLIFF WAY
SUITE 1114
JACKSONVILLE, FL 32204 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: J. HUGH MIDDLEBROOKS

04/28/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DCEO
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 DST
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 D
Name RHOADS, DC, JEAN SISTER
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: THOMAS J. VANOSDOL

DCEO

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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