

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002191

**FILED**  
**Jan 27, 2020**  
**Secretary of State**  
**3061156240CC**

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

Title CHAIRMAN  
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

Title SECRETARY, TREASURER  
Name LACY, MARY ELLEN  
Address 1801 BARRS STREET SUITE 600  
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: MARY ELLEN LACY**

**SECRETARY**

**01/27/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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