

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002191

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 SECRETARY, TREASURER
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 ROCHE, JOHN
Address 6801 AIRPORT BLVD
SUITE 1114
City-State-Zip: MOBILE AL 36608

Title VC
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

Continues on page 2

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: J. MORT O'SULLIVAN III

SECRETARY

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FENDERSON JR., TYRONE
Address 1801 BARRS STREET SUITE 600
City-State-Zip: JACKSONVILLE FL 32204

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

Title DIRECTOR
Name BRADLEY JR., ROBERT
Address 1801 BARRS STREET SUITE 600
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name ROUSE, BETH
Address 1801 BARRS STREET SUITE 600
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name JOSEPH MD, KEVIN
Address 5151 N. NINTH AVENUE
City-State-Zip: PENSACOLA FL 32504

Title MEMBER
Name WALLACE, AUNDRA
Address 1801 BARRS STREET SUITE 600
City-State-Zip: JACKSONVILLE FL 32204