

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006410

Entity Name: ST. LUKE'S-ST.VINCENT'S HEALTHCARE, INC.**Current Principal Place of Business:**1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204**Current Mailing Address:**2 SHIRCLIFF WAY
SUITE 600
JACKSONVILLE, FL 32204 US**FEI Number:** 26-0479484**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MIDDLEBROOKS, J. HUGH
2 SHIRCLIFF WAY
SUITE 600
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

04/17/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DC
Name RICE, C. DANIEL
Address 1 SHIRCLIFF WAY
City-State-Zip: JACKSONVILLE FL 32204

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

Title D
Name CHARTRAND, GARY R
Address 1 SHIRCLIFF WAY
City-State-Zip: JACKSONVILLE FL 32204

Title DVC
Name SIMMONS, II, SIDNEY S
Address 1 SHIRCLIFF WAY
City-State-Zip: JACKSONVILLE FL 32204

Title D
Name MORALES, RICARDO JR
Address 1 SHIRCLIFF WAY
City-State-Zip: JACKSONVILLE FL 32204

Title DST
Name MULLANEY, RICHARD
Address 1 SHIRCLIFF WAY
City-State-Zip: JACKSONVILLE FL 32204

Title P
Name SANDERS, KYLE
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: MOODY CHISHOLM

D

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date