

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006410

Entity Name: ST. LUKE'S-ST.VINCENT'S HEALTHCARE, INC.**Current Principal Place of Business:**4201 BELFORT ROAD
JACKSONVILLE, FL 32216**Current Mailing Address:**4201 BELFORT ROAD
JACKSONVILLE, FL 32216 US**FEI Number:** 26-0479484**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 VICE CHAIR
Name ROWAN, HELEN C
Address 1801 BARRS STREET
SUITE 600
City-State-Zip: JACKSONVILLE FL 32204

Title MEMBER
Name WALLACE, AUNDRA
Address 4201 BELFORT ROAD
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR, MEMBER
Name LEE MD, RAYMOND
Address 4201 BELFORT ROAD
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR, MEMBER
Name WALZ, SISTER MARY
Address 4201 BELFORT ROAD
City-State-Zip: JACKSONVILLE FL 32216

Title CEO
Name VANOSDOL, TOM
Address 4201 BELFORT ROAD
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR, MEMBER
Name BOYLAN, MICHAEL
Address 4201 BELFORT ROAD
City-State-Zip: JACKSONVILLE FL 32216

Title CEO & ADMINISTRATOR
Name JONES, RICHARD
Address 1801 BARRS STREET
SUITE 600
City-State-Zip: JACKSONVILLE FL 32204

Title SECRETARY, TREASURER
Name MCGEHEE, THOMAS R.
Address 4201 BELFORT ROAD
City-State-Zip: JACKSONVILLE FL 32216

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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 R. MCGEHEE**SECRETARY****04/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title PRESIDENT
Name MACHADO, JAMES
Address 4201 BELFORT ROAD
City-State-Zip: JACKSONVILLE FL 32216

Title MEMBER
Name WEEDON, GERALD
Address 4201 BELFORT ROAD
City-State-Zip: JACKSONVILLE FL 32216

Title MEMBER
Name LORIZ, LILLIA
Address 4201 BELFORT ROAD
City-State-Zip: JACKSONVILLE FL 32216