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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

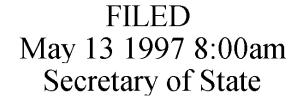
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

753206

CREATED INCUCONNILLE AREA HOSPITAL COLINCIL INC



Principal Plac		····							
580 WEST EIGH JACKSONVILLE		580 WEST EIGHTH STREI JACKSONVILLE FL 32209	ET -6533						
					3. Date Inco 06/3	rporated or Qualified 0/1980	3a. C	Date of Last Ro 04/23/199	eport 1 6
2. Principal Place of Business 2a. Mailing Addres 25					4. FEI Numb 59-2	4. FE! Number 59-2006024			oplied For ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate	of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				Campaign Financing \$5.00 May Be			
Zip Country		28 Zip	Zip Country		8. This corp	8. This corporation has liability for intangible			
24	25	29	30		Florida St		Yes		
	9. Name and Address of Curre	in negistered Agent		81 Nami		d Address of New R	egistered	Agent	
DDCWA	MADONO E		Į.						
DREWA, MARCUS E. 580 WEST EIGHTH STREET			[82 Stree	t Address (P.O. Box N	umber is Not Accepts	able)		
JACKSONVILLE FL 32209			}	83					
JACKOUNVILLE FL 02209			l						
			ľ	84 City			FL	85 Zip (Code
11. Pursuant office or r agent. I a	to the provisions of Sections 617.05 registered agent, or both, in the Stat am familiar with and accept the oblid	02 and 617,1508, Florida Stat e of Florida Such change was galions of, Section 617,0503, I	utes, the ab s authorized Florida Stati	ove-namo by the co ites.	d corporation submits rporation's board of di	this statement for the rectors. I hereby acco	purpose o	of changing its pointment as:	s registered registered
	Signation typed or printed name of registered as			Agent signatu	re required when reinstating)		DATE	110	
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS A DELETE	13.		ADDITION:	S/CHANGES 10 OFF	ICERS AN		RS IN 12 Addition
TITLE	C WILLOW MEN	M VELETE	1.1 1)1		Jerry Mil	lor		☐ Change	ADDITION
NAME OTDEET ADDRESS	WILSON, KEN 3625 UNIVERSITY BLVD		1.2 NA	-	1350 13th		~+h		
STREET ADDRESS	JACKSONVILLE FL		1	1EET AUDRESS Y-ST-ZIP	Jacksonvi			32250	,
CITY-ST-ZIP TITLE	S	X DELETE	2.1 717		VD	Tie peach	· ET	Change	Addition
NAME	JIM CONZEMIUS		2.2 NA	-	Larry Fre	eman			44
STREET ADDRESS	400 HEALTH PARK BLVD				800 Prude	ntial Driv	ve		
CITY-ST-ZIP	ST AUGUSTINE FL		4	ry-ST-ZIP	Jacksonvi		32207	,	
TITLE	T	DELETE	3.1 TIT		SD			Change	X Addition
NAME	DREWA, MARCUS		3.2 NA	ME	Larry Rea				
STREET ADDRESS	580 W 8TH ST		3.3 ST6	REE1 ADDRESS	4201 Belf	ort Road			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. Cl	Y-ST-ZIP	Jacksonvi	lle, FL	32216		
TITLE	D	X DELETE	4.1 T)T	.E				Change	Addition
NAME	HIGGINS, MICHAEL		4. 2 NA	ME					
STREET ADDRESS	655 W 8TH STREET			REET ADDRESS	i				
CITY-ST-ZIP	JACKSONVILE FL	Patrite		Y-ST-ZIP				Character	
TITLE	D D	DELETE	5.1 7(1					☐ Change	Addition
NAME	KREIGER, BOB	:NTCO	5.2 NA						
STREET ADDRESS	ORANGE PARK MEDICAL CE	MICK	1	REET ADDRESS					
CITY-SY-ZIP	ORANGE PARK FL	DELETE		Y-ST-ZIP	+			Change	Addition
TITLE	D		6.1 TIT					L-1 CHARIDS	HOURIUN
NAME expert abouted	JOHNSON, JIM		6.2 NA						
STREET ADDRESS	1800 BARRS ST JACKSONVILLE FL			REET ADDRESS	']				
CITY-ST-ZIP	JAUNDUNVILLE FL		6.4 CIT	Y-S1-ZIP	1	27/2)/i) Clasida Ctatus	16	46.40.	

I do hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the feotiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

4/22/97 904-798-8200