

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753206 (2)
1. Corporation Name
GREATER JACKSONVILLE AREA HOSPITAL COUNCIL, INC.



Principal Place of Business 580 WEST EIGHTH STREET JACKSONVILLE FL 32209	Mailing Address 580 WEST EIGHTH STREET JACKSONVILLE FL 32209-6533
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3. Date Incorporated or Qualified 06/30/1980	3a. Date of Last Report 04/23/1996
4. FEI Number 59-2006024	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**DREWA, MARCUS E.
580 WEST EIGHTH STREET
JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/22/97**

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, KEN	
STREET ADDRESS	3625 UNIVERSITY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JIM CONZEMIUS	
STREET ADDRESS	400 HEALTH PARK BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DREWA, MARCUS	
STREET ADDRESS	580 W 8TH ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HIGGINS, MICHAEL	
STREET ADDRESS	655 W 8TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KREIGER, BOB	
STREET ADDRESS	ORANGE PARK MEDICAL CENTER	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, JIM	
STREET ADDRESS	1800 BARRS ST	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jerry Miller	
1.3 STREET ADDRESS	1350 13th Avenue South	
1.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Larry Freeman	
2.3 STREET ADDRESS	800 Prudential Drive	
2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Larry Read	
3.3 STREET ADDRESS	4201 Belfort Road	
3.4 CITY-ST-ZIP	Jacksonville, FL 32216	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 receiver 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 on an attachment with an address.

4/22/97 904-798-8200

CP2E037 (9/96)