

**DOCUMENT # 753206**  
 1. Entity Name  
**GREATER JACKSONVILLE AREA HOSPITAL COUNCIL, INC.**

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90050 001 \*\*\*\*61.25

Principal Place of Business Mailing Address  
**900 UNIVERSITY BLVD** **900 UNIVERSITY BLVD**  
~~STE 202~~ ~~STE 202~~  
**JACKSONVILLE FL 32211** **JACKSONVILLE FL 32211**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*Suite 110* *Suite 110*  
 City & State City & State

4. FEI Number **59-2006024** Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BILELLO, LORI**  
**900 UNIVERSITY BLVD. N.**  
**SUITE 202**  
**JACKSONVILLE FL 32211**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 *[Signature]* DATE *1/3/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FORD, RAYMOND C</b> <b>4901 RICHARDS ST</b> <b>JACKSONVILLE BEACH FL 32207</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>FREEMAN, LARRY</b> <b>800 PRUDENTIAL DRIVE</b> <b>JACKSONVILLE FL 32207</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DREWA, MARCUS</b> <b>580 W 8TH ST</b> <b>JACKSONVILLE FL 32209</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIMPSON, TIM</b> <b>801 OAK ST</b> <b>GREEN COVE SPRINGS FL 32043</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KREIGER, BOB</b> <b>ORANGE PARK MEDICAL CENTER</b> <b>ORANGE PARK FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ DATE: *1/3/01* Daytime Phone #: *904-745-3050*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)

