

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
 900 UNIVERSITY BLVD      900 UNIVERSITY BLVD  
 STE 110      STE 110  
 JACKSONVILLE, FL 32211      JACKSONVILLE, FL 32211



**DO NOT WRITE IN THIS SPACE**

02032005 No Chg-NP      CR2E037 (10/03)

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

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**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FORD, RAYMOND C
STREET ADDRESS	4901 RICHARDS ST
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32207
TITLE	VD
NAME	FREEMAN, LARRY
STREET ADDRESS	800 PRUDENTIAL DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	T
NAME	DREWA, MARCUS
STREET ADDRESS	580 W 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	D
NAME	SIMPSON, TIM
STREET ADDRESS	801 OAK ST
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	D
NAME	KREIGER, BOB
STREET ADDRESS	ORANGE PARK MEDICAL CENTER
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000336912  
 04/27/05-80144-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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:** \_\_\_\_\_      3/18/05      Date      Daytime Phone # \_\_\_\_\_