



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 23, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 753206</b>	
1. Entry Name GREATER JACKSONVILLE AREA HOSPITAL COUNCIL, INC.	

Principal Place of Business 900 UNIVERSITY BLVD STE 110 JACKSONVILLE, FL 32211	Mailing Address 900 UNIVERSITY BLVD STE 110 JACKSONVILLE, FL 32211
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**DO NOT WRITE IN THIS SPACE**

	
07052006 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-2006024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 entry 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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

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

U00000575075  
 09/23/06-80002-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  8/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #