



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 753206</b>  |  |
| 1. Entity Name<br><b>GREATER JACKSONVILLE AREA HOSPITAL COUNCIL, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>900 UNIVERSITY BLVD<br/>STE 110<br/>JACKSONVILLE, FL 32211</b> | Mailing Address<br><b>900 UNIVERSITY BLVD<br/>STE 110<br/>JACKSONVILLE, FL 32211</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**

|  |                                       |
|--|---------------------------------------|
|  |                                       |
| 02272007 No Chg-NP   | CR2E037 (4/06)                        |
| 4. FEI Number<br><b>59-2006024</b>   | Applied For<br>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**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

000000730600  
05/08/07-80069-005 122.50

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE  
IN THIS SPACE**

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:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_