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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10564** **(5)**

1. Corporation Name
**UNIVERSITY MEDICAL CENTER FOUNDATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 655 W. 8TH STREET<br>JACKSONVILLE FL 32209 | 655 W. 8TH STREET<br>JACKSONVILLE FL 32209-6511 |

c/o Reg. Agent

3. Date Incorporated or Qualified: 08/05/1985
3a. Date of Last Report: 06/06/1996

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 653-1 W. 8th St. |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 4060 |
| City & State 23 | City & State 28 Jacksonville, FL |
| Zip 24 / Country 25 | Zip 29 32091-6511 / Country 30 |

4. FEI Number: 59-2622323 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

FALCK, WILLIAM E
653-1 W 8TH ST
STE 4060
JACKSONVILLE FL 32209

**10. Name and Address of New Registered Agent**

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

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 William E Falck DATE April 28/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PCD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SCHIEBLER, GEROLD L., MD | | 1.2 NAME | | |
| STREET ADDRESS | 1600 ARCHER RD. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GAINESVILLE FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RUSSO JR., LOUIS S. | | 2.2 NAME | | |
| STREET ADDRESS | 655 WEST EIGHTH STREET | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | B&B | ☒ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GREGG, JOHN | | 3.2 NAME | | |
| STREET ADDRESS | 855 WEST EIGHTH STREET | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | TD | ☒ Change ☐ Addition |
| NAME | MAYER, DAVID W. | | 4.2 NAME | Mayer, David W. | |
| STREET ADDRESS | 655 WEST EIGHTH STREET | | 4.3 STREET ADDRESS | 655 W. 8th St. | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 4.4 CITY-ST-ZIP | Jacksonville, FL 32209 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | REGISTER JR., GEORGE R | | 5.2 NAME | Register Jr., George R. | |
| STREET ADDRESS | 6800 SOUTHPOINT PKWY 101 | | 5.3 STREET ADDRESS | 6800 Southpoint PKWY 101 | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 5.4 CITY-ST-ZIP | Jacksonville, FL | |
| TITLE | V | ☒ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ALEXANDER, ROBERT C. | | 6.2 NAME | | |
| STREET ADDRESS | 655 W. 8TH ST. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

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.

**SIGNATURE:** David W. Mayer — April 28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0005175