FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90009 018 ****61.25

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DOCUMENT # N10564

1. Corporation Name
UNIVERSITY MEDICAL CENTER FOUNDATION, INC.

Principal Place of Business	Mailing Address
655 W. 8TH STREET JACKSONVILLE FL 32209	653-1 W. 8TH STREET SUITE 4060 JACKSONVILLE FL 32209 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/05/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2622323 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
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.		1.2 NAME		
STREET ADDRESS	1600 ARCHER RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32610		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUSSO, LUIS S., JR.		2.2 NAME		
STREET ADDRESS	653 W. 8TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32209		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MAYER, DAVID W		3.2 NAME		
STREET ADDRESS	655 W. 8TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32209		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REGISTER, JR. G R.		4.2 NAME		
STREET ADDRESS	118 W ADAMS ST., SUITE 1000		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		4.4 CITY-ST-ZIP		
TITLE	VPVC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STEIN, DAVID A		5.2 NAME		
STREET ADDRESS	9009 REGENCY SQUARE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32203		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BODE, SUSAN		6.2 NAME		
STREET ADDRESS	655 W. 8TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32209		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/29/99 904/549-3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SUSAN M. BODE

CR2E037 (11/98)