## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 09, 2002 8:00 am Secretary of State DOCUMENT # N10564 UNIVERSITY MEDICAL CENTER FOUNDATION, INC. 05-09-2002 90029 040 \*\*\*\*61.25 Principal Place of Business Mailing Address 655 W. 8TH STREET ATTN: CARL E CANIFF. ESQ. JACKSONVILLE FL 32209 655 WEST 8TH STREET JACKSONVILLE FL 32209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2622323 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANIFF, CHARLES E ESQ. Street Address (P.O. Box Number is Not Acceptable) 655 WEST 8TH STREET JACKSONVILLE FL 32209 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution, Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PCD TITLE Delete PCD TITLE MORTON, ROBERT G Addition NAME Otis L. Story, Sr. NAME 1655 WEST 8TH STREET STREET ADDRESS STREET ADDRESS 655 West 8th Street CITY-ST-ZIP JACKSONVILLE FL 32209 CITY-ST-ZIP Jacksonville, TITI F Delete TITLE $^{2}D$ ☐ Change Addition GAY. GREG CPA NAME NAME William J. Ryan 655 West 8+K Str 655 WEST 8TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32209 CITY-ST-ZIP Jacksonville, FL. 32209 TITLE ☐ Delete TITLE Change ☐ Addition Caniff, Charles e NAME NAME 655 W. 8TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32209 CITY-ST-ZIP TITLE Delete TITLE Change register, Jr. G R. ☐ Addition NAME NAME 118 W ADAMS ST., SUITE 1000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-7IP **VPVC** TITLE Delete TITLE ☐ Change Stein, David A ☐ Addition NAME STREET ADDRESS 9009 REGENCY SQUARE BLVD STREET ADDRESS JACKSONVILLE FL 32203 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE BODE, SUSAN ☐ Change ☐ Addition NAME STREET ADDRESS 655 W. 8TH STREET STREET ADDRESS JACKSONVILLE FL 32209 CITY-ST-ZIP CITY-ST-ZIP 12. 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 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

SIGNATURE: Maly Carries E. Canifl 04/30/02 904-244-598-

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