

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000000776

Entity Name: WOLFSON CHILDREN'S HOSPITAL OF JACKSONVILLE, INC.

FILED
May 01, 2017
Secretary of State
CC0212367622

Current Principal Place of Business:

841 PRUDENTIAL DRIVE, SUITE 1802
JACKSONVILLE, FL 32207

Current Mailing Address:

841 PRUDENTIAL DRIVE, SUITE 1802
JACKSONVILLE, FL 32207 US

FEI Number: 81-1755188

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRANGER, HARVEY
841 PRUDENTIAL DRIVE, SUITE 1802
JACKSONVILLE, FL 32207 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name GREENE, A. HUGH
Address 841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip: JACKSONVILLE FL 32207

Title EVPD
Name WILBANKS, JOHN F
Address 841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip: JACKSONVILLE FL 32207

Title SVPD
Name AUBIN, MICHAEL
Address 820 PRUDENTIAL DRIVE, 1ST FLOOR
City-State-Zip: JACKSONVILLE FL 32207

Title SVPT
Name WOOTEN, SCOTT M
Address 841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip: JACKSONVILLE FL 32207

Title S
Name GRANGER, HARVEY
Address 841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip: JACKSONVILLE FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HARVEY GRANGER

SECRETARY

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date