

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 11, 1999 8:00 am  
Secretary of State

05-11-1999 90043 023 \*\*\*\*61.25

DOCUMENT # 723204

1. Corporation Name

JACKSONVILLE WOLFSON CHILDREN'S HOSPITAL, INC.

Principal Place of Business

C/O WILLIAM C. MASON  
800 PRUDENTIAL DRIVE  
JACKSONVILLE FL 32207

Mailing Address

C/O WILLIAM C. MASON  
1301 RIVERPLACE BLVD. STE. 1700  
JACKSONVILLE FL 32207



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/19/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-1452787

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANGER, HARVEY  
1301 RIVERPLACE BLVD.  
STE. 1700  
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME CRITTENDEN, L E  
STREET ADDRESS 1301 RIVERPLACE BLVD. STE. 1700  
CITY-ST-ZIP JACKSONVILLE FL 32207

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME FULLER, BYRON R  
STREET ADDRESS 1301 RIVERPLACE BLVD. STE. 1700  
CITY-ST-ZIP JACKSONVILLE FL 32207

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DC ☐ DELETE  
NAME BOSLAND, PAUL C  
STREET ADDRESS 1301 RIVERPLACE BLVD. STE. 1700  
CITY-ST-ZIP JACKSONVILLE FL 32207

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BROWN, BENNETT  
STREET ADDRESS 1301 RIVERPLACE BLVD. STE. 1700  
CITY-ST-ZIP JACKSONVILLE FL 32207

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME THRELKEL, ROBERT H.  
STREET ADDRESS 1301 RIVERPLACE BLVD., STE 1700  
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca B. Jackson

4-23-99

904/202-4005

Date

Daytime Phone #

CR2E037 (11/98)

545455-90043-23

DOCUMENT # 723204

WOLFSON CHILDREN'S HOSPITAL, INC.

D	Williams, John H.	1200 Riverplace Blvd.	Jacksonville, FL 32202
D	Harden, M.C., III	806 Riverside Avenue	Jacksonville, FL 32204
D	Hatcher, William K.	3344 Lake Shore Blvd., Slip 4	Jacksonville, FL 32210
D	Mason, William C.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
D	McGriff, W. A., III	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
D	McIntosh, Charles B., M.D.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
D	Montney, Richard H.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
D	Sulzbacher, Hazel	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
D	Townsend, James J., M.D.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
D	Wilkinson, Albert H., Jr., M.D.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
D	Wolfson, Dennis	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
D/VC	Wolfson, Karen	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207

DELETE:

D	Stallings, James B., Jr.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
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