

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 06, 2001 08:00 AM****Secretary of State****DOCUMENT # 723204****1. Entity Name****JACKSONVILLE WOLFSON CHILDREN'S HOSPITAL, INC.****Principal Place of Business**C/O WILLIAM C. MASON
800 PRUDENTIAL DRIVE
JACKSONVILLE
32207

FL

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

FL

2. Principal Place of Business

C/O HARVEY GRANGER

3. Mailing Address

C/O HARVEY GRANGER

Suite, Apt. #, etc.

800 PRUDENTIAL DRIVE

Suite, Apt. #, etc.

1325 SAN MARCO BLVD., SUITE 902

City & State

JACKSONVILLE

FL

City & State

JACKSONVILLE

FL

4. FEI Number**59-1452787****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRANGER HARVEY

1301 RIVERPLACE BLVD.

STE. 1700

JACKSONVILLE

32207

US

FL

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

GRANGER HARVEY

Street Address (P.O. Box Number is Not Acceptable)

1325 SAN MARCO BLVD.

STE. 902**City**

JACKSONVILLE

FL**Zip Code**

32207

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 HARVEY GRANGER****04/06/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:**FEE IS \$61.25****9. Election Campaign Financing
Trust Fund Contribution.**☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THRELKEL ROBERT H.	
STREET ADDRESS	1301 RIVERPLACE BLVD., STE 1700	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN BENNETT	
STREET ADDRESS	1301 RIVERPLACE BLVD. STE. 1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DC	<input type="checkbox"/> Delete
NAME	BOSLAND PAUL C	
STREET ADDRESS	1301 RIVERPLACE BLVD. STE. 1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	FULLER BYRON R	
STREET ADDRESS	1301 RIVERPLACE BLVD. STE. 1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRITTENDEN, L E	
STREET ADDRESS	1301 RIVERPLACE BLVD. STE. 1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON WILLIAM C	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSLAND PAUL C	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN BENNETT	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFSON KAREN R	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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 changed, or on an attachment with an address, with all other like empowered.**SIGNATURE: WILLIAM C. MASON****D****04/06/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)