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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744617** **(2)**

1. Corporation Name

UNIVERSITY OF FLORIDA JACKSONVILLE PHYSICIANS, I NC.

Principal Place of Business	Mailing Address
653 W. 8TH ST. P.O. BOX 44008 JACKSONVILLE FL 32231-4008	653 W. 8TH ST. P.O. BOX 44008 JACKSONVILLE FL 32231-4008

3. Date Incorporated or Qualified: **10/17/1978**
3a. Date of Last Report: **07/23/1996**

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: **59-1867557** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FRASHUER, NANCY D.
653 WEST 8TH ST.
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	VD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	VINES, FREDERICK		1.2 NAME	ALAN R. BERGER, M.D.	
STREET ADDRESS	655 W. 8TH STREET		1.3 STREET ADDRESS	653 W. 8TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NUSS, ROBERT C.		2.2 NAME		
STREET ADDRESS	653-1 WEST 8TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	TEPAS, JOSEPH		3.2 NAME	JOSEPH TEPAS, M.D.	
STREET ADDRESS	653 WEST 8TH STREET		3.3 STREET ADDRESS	653 W. 8TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUSSO, LOUIS S. M		4.2 NAME		
STREET ADDRESS	653 W 8TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GARRISON, ROBERT		5.2 NAME		
STREET ADDRESS	653-1 WEST 8TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	PERRY, JAMES		6.2 NAME	GEORGE WILSON, MD	
STREET ADDRESS	653 WEST 8TH STREET		6.3 STREET ADDRESS	653 W. 8TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	JACKSONVILLE FL 32209	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [signature] REQUIRED 1/9/97 904-549-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number