2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 AM
Secretary of State

DOCUMENT# 744617

Entity Name: UNIVERSITY OF FLORIDA JACKSONVILLE PHYSICIANS, INC.

Current Principal Place of Business:

653 W. 8TH ST.
P.O. BOX 44008
JACKSONVILLE, FL 322314008

New Principal Place of Business:

653 W. 8TH ST.
JACKSONVILLE, FL 32209

Current Mailing Address:

653 W. 8TH ST.
P.O. BOX 44008
JACKSONVILLE, FL 322314008

New Mailing Address:

P.O. BOX 44008
JACKSONVILLE, FL 322314008

FEI Number: 59-1867557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FRASHUER, NANCY D.
653 WEST 8TH ST.
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

FRASHUER, NANCY D
653 WEST 8TH ST.
JACKSONVILLE, FL 32209 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: NANCY D. FRASHUER 02/27/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: BERGER, ALAN R
Address: 653 WEST 8TH ST.
City-St-Zip: JACKSONVILLE, FL

Title: PD ( ) Delete
Name: NUSS, ROBERT C.,
Address: 653-1 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL

Title: CD ( ) Delete
Name: RUSSO, LOUIS S. M
Address: 653 W 8TH ST.
City-St-Zip: JACKSONVILLE, FL

Title: SD ( ) Delete
Name: BENRUBI, GUY MD
Address: 653 W 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD ( ) Delete
Name: WILSON, GEROGE M
Address: 653 WEST 8TH ST
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: BERGER, ALAN R MD
Address: 655 WEST 8TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: CD (X) Change ( ) Addition
Name: ROBERT, NUSS C MD
Address: 653-1 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D (X) Change ( ) Addition
Name: RUSSO, LOUIS S. M MD
Address: 653 W 8TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: WILSON, GEORGE M MD
Address: 653 WEST 8TH ST
City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT C. NUSS, MD CD 02/27/2002
Electronic Signature of Signing Officer or Director Date