

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90054 046 ****70.00

DOCUMENT # 744617 1. Entity Name UNIVERSITY OF FLORIDA JACKSONVILLE PHYSICIANS, INC.					
Principal Place of Business 653 W. 8TH ST. JACKSONVILLE, FL 32209			Mailing Address P.O. BOX 44008 JACKSONVILLE, FL 32231-4008		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1867557	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRASHUER, NANCY D 653 WEST 8TH ST. JACKSONVILLE, FL 32209				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BENRUBI, GUY MD 653 W. 8TH ST. JACKSONVILLE, FL 32209	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERGER, ALAN MD 653 W. 8TH ST. JACKSONVILLE, FL 32209	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COULTAS, DAVID MD 653 W 8TH ST. JACKSONVILLE, FL 32209	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Northrup, H. Martin, M.D. 653 West 8th Street Jacksonville, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, GEORGE R III, MD 653 W 8TH STREET JACKSONVILLE, FL 32209	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FRASHUER, NANCY D 653 WEST 8TH ST JACKSONVILLE, FL 32209	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD NUSS, ROBERT C 653 W. 8TH ST. JACKSONVILLE, FL 32209	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/2/06 Daytime Phone #: 1-904-2443518					

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