

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90032 023 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1867557

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

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, 2008**

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
**S
BASS, THEODORE M.D.
653 W 8TH ST.
JACKSONVILLE, FL 32209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Daytime Phone #

4/17/08

904-2443518

ATTACHMENT

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ANNUAL REPORT**

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UNIVERSITY OF FLORIDA JACKSONVILLE PHYSICIANS, INC

40100977

ADDITIONAL BOARD MEMBERS

- 1 Director
Mac McGriff
653 W. 8th Street
Jacksonville, FL 32209
- 2 Director
Russ Armistead
653 W. 8th Street
Jacksonville, FL 32209
- 3 Director
Wayne Tharp
653 W. 8th Street
Jacksonville, FL 32209
- 4 Director
Ed Poppell
653 W. 8th Street
Jacksonville, FL 32209