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**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

744617

1. Entity Name

University of Florida Jacksonville Physicians, Inc.

FILED

03 JAN -7 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008899070
11/08/02--01124--004 **70.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

653 West 8th Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 44008

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

03

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number 59-1867557

Applied For
Not Applicable

Zip
32209

Country
USA

Zip
32231-4008

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name NANCY FRASHUER

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

653 West 8th Street

City Jacksonville

FL Zip Code
32209

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Chairman D
Guy Benrubi, M.D.
653 West 8th Street, Jacksonville, FL 32209

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President D
Alan Berger, M.D.
653 West 8th Street, Jacksonville, FL 32209

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary D
David Coultas, M.D.
653 West 8th Street, Jacksonville, FL 32209

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Treasurer D
George R. Wilson, III, M.D.
653 West 8th Street, Jacksonville, FL 32209

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO/Board Member
Nancy D. Frashuer
653 West 8th Street, Jacksonville, FL 32209

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy D. Frashuer

Nancy D. Frashuer

904-244-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)

20f2

UNIVERSITY OF FLORIDA JACKSONVILLE PHYSICIANS, INC.

(An Academic Practice Plan)

BOARD OF DIRECTORS

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Director of Medical Affairs
DESIGNEE: President, University of Florida
801 SW 2nd Avenue, Room, 10-413, Gainesville, FL 32601 904-338-2195

W.A. (Mac) McGriff
DESIGNEE: Board of Directors, University of Florida
P. O. Box 56350, Jacksonville, FL 32241-6350 904-739-9331

✓ Nancy D. Frashuer (Ex-Officio)
Senior Vice President/CFO, University of Florida Jacksonville Healthcare, Inc.
653 West 8th Street, Jacksonville, FL 904-244-3518