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FILED  
Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753206 (2)

1. Corporation Name  
**GREATER JACKSONVILLE AREA HOSPITAL COUNCIL, INC.**

Principal Place of Business <b>580 W. 8TH ST. JACKSONVILLE, FL 32209</b>	Mailing Address <b>580 W. 8TH ST. JACKSONVILLE, FL 32209</b>
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3. Date Incorporated or Qualified

**06/30/1980**

4. FEI Number

**59-2006024**

Applied For

Not Applicable

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DREWA, MARCUS E.  
580 W. 8TH ST.  
JACKSONVILLE, FL 32209**

10. Name and Address of New Registered Agent

**81 Name LORI BILELLO**

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

**900 UNIVERSITY BLVD. N., SUITE 202**

**83**

**84**

**JACKSONVILLE**

**FL**

**85 Zip Code 32211**

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

*Lori A. Bilello*

*Lori A. Bilello*

**4/22/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **CD**

NAME **JERRY MILLER**

STREET ADDRESS **1350 13TH AVE. SO.**

CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

☐ DELETE

TITLE **VD**

NAME **LARRY FREEMAN**

STREET ADDRESS **800 PRUDENTIAL DRIVE**

CITY-ST-ZIP **JACKSONVILLE, FL 32207**

☐ DELETE

TITLE **SD**

NAME **LARRY READ**

STREET ADDRESS **4201 Belfort Road**

CITY-ST-ZIP **JACKSONVILLE, FL 32216**

☐ DELETE

TITLE **T**

NAME **MARCUS DREWA**

STREET ADDRESS **580 W. 8TH ST.**

CITY-ST-ZIP **JACKSONVILLE, FL 32209**

☐ DELETE

TITLE **D**

NAME **KREIGER, BOB**

STREET ADDRESS **ORANGE PARK MEDICAL CENTER**

CITY-ST-ZIP **ORANGE PARK, FL**

☐ DELETE

TITLE **D**

NAME **JOHNSON, JIM**

STREET ADDRESS **1800 BARRS ST.**

CITY-ST-ZIP **JACKSONVILLE, FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**900002504788**  
**-04/29/98--01021--021**  
**\*\*\*\$61.25**

PE  
4.28

14. 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 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:

*Marcus E. Drewa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marcus E. Drewa**

**904-798-8200**

Date

Daytime Phone #