FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753206

1. Corporation Name

GREATER JACKSONVILLE AREA HOSPITAL COUNCIL, INC.

Principal Place of Business

Mailing Address

580 WEST EIGHTH STREET JACKSONVILLE FL 32209

580 WEST EIGHTH STREET JACKSONVILLE FL 32209

FILED Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90107 011 ****61.25



| Principal Place of Business | | | | | 3. Date incorporated or Qualifed Vi 06/30/1980 | | |
|---|--|------------------|-------------|---|--|------------|--|
| 21 900 University Blvd., N26 900 University Blvd., | | | | 4. FEI Number Applied For | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | E0 0000004 | Applicable | |
| 22 Suite 202 27 Suite 202 City & State City & State | | | | | \$8.75 Ac | | |
| | | | = + | | 5. Certificate of Status Desired Fee Req | | |
| 23 Jacks | CACKACH VILLE 4 LILL CONTRACTOR C | | | | | | |
| Zip □ 22211 | Country | <u> </u> | • | _ | 6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to | | |
| 24 32211 | 25 Duval 9. Name and Address of Current | 11 1 | Duv | /aı | 10. Name and Address of New Registered Agent | | |
| 81 Name | | | | | | | |
| BH E11 0 4 0 D | | | | CO D Al about Net Assessible | | | |
| BILELLO, LORI | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 900 UNIVERSITY BLVD. N. | | | | 83 | | | |
| SUITE 202 | | | | | | | |
| JACKSONVILLE FL 32211 | | | 84 | City | FL 85 Zip Co | ode | |
| 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. 1 am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. | | | | | | | |
| SIGNATURE Standards, typed or printed name of fegistered agent and title if applicable. (NOTE: Registered Age | | | | | equired when reinstating) DATE | | |
| 12. | OFFICERS AND | | 13. | it agricuse to | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | S IN 12 | |
| TITLE | CD | DELETE 1.1 TI | | T | Director Change | Addition | |
| NAME | MILLER, JERRY | _ | 1.2 NAME | | Ford, Raymond C. | | |
| STREET ADDRESS | AND AND AND AND IN | | | TADORESS | 4901 Richards Street | | |
| | | | 1.4 CITY-S | 1 | Jacksonville, FL 32207 | , | |
| CITY-ST-ZIP TITLE | | | 2.1 TITLE | | Director Change | Addition | |
| NAME | | | 2.2 NAME | | Simpson, Tim | | |
| STREET ADDRESS | THE PROPERTY OF THE PROPERTY O | | | T ADDRESS | 801 Oak Street | ŀ | |
| | A OKOON III LE EL COOOT | | 2. 4 CITY-5 | | Green Cove Springs, FL 3204 | 13 | |
| CITY-ST-ZIP | | | 3.1 TITLE | 71-237 | ☐ Change | Addition | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | | TADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32209 | | 3.4. CITY-S | į | • | | |
| TITLE | | | 4.1 TITLE | | ☐ Change | Addition | |
| NAME | READ. LARRY | 4.2 N | | į | | | |
| STREET ADDRESS | HEAD, CAITT | | | TADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | 1 | | } | |
| TITLE | D | DELETE 5.1 TI | | | ☐ Change | ☐ Addition | |
| NAME | KREIGER, BOB | 1 | 5,2 NAME | | • | } | |
| STREET ADDRESS | ORANGE PARK MEDICAL CENTE | r _R I | 5.3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | ORANGE PARK FL | "· | 5.4 CITY-S | T-ZIP | | 1 | |
| TITLE | | | 6.1 TITLE | | ☐ Change | Addition | |
| NAME | JOHNSON, JIM | _ | 6.2 NAME | | | | |
| STREET ADDRESS | 1800 BARRS ST | | 6.3 STREE | T ADDRESS | | | |
| | JACKSONVILLE FL | į | 6.4 CITY-S | _{т-20} р | | | |
| CITY-ST-ZIP | JACAGORIVILLE LL | | | | | | |

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 of frustee 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, with all other like empowered.

SIGNATURE

NATURE AND TYPES OF PRINTED SAME OF SIGNING OFFICER OR DIRECTOR

123/77

Daytime Phone #

CR2E037 (11/98)