


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 753206 1. Entity Name GREATER JACKSONVILLE AREA HOSPITAL COUNCIL, INC.	
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Principal Place of Business 900 UNIVERSITY BLVD STE 110 JACKSONVILLE, FL 32211	Mailing Address 900 UNIVERSITY BLVD STE 110 JACKSONVILLE, FL 32211
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DO NOT WRITE IN THIS SPACE



02262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2006024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BILELLO, LORI
900 UNIVERSITY BLVD. N.
SUITE 202
JACKSONVILLE, FL 32211**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000094183
03/22/04-80049-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, RAYMOND C 4901 RICHARDS ST JACKSONVILLE BEACH, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREEMAN, LARRY 800 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DREWA, MARCUS 580 W 8TH ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, TIM 801 OAK ST GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREIGER, BOB ORANGE PARK MEDICAL CENTER ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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 #