


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 A
Secretary of State

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| DOCUMENT # 753206 | |  |
| 1. Entity Name GREATER JACKSONVILLE AREA HOSPITAL COUNCIL, INC. | | |
| Principal Place of Business 900 UNIVERSITY BLVD STE 110 JACKSONVILLE, FL 32211 | Mailing Address 900 UNIVERSITY BLVD STE 110 JACKSONVILLE, FL 32211 | |
| DO NOT WRITE IN THIS SPACE | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee Is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | 000000730600 05/08/07-80069-005 122.50 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FORD, RAYMOND C 4901 RICHARDS ST JACKSONVILLE BEACH, FL 32207 | DO NOT WRITE IN THIS SPACE |
| 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 | | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |

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| 02272007 No Chg-NP CR2E037 (4/06) | |
| 4. FEI Number 59-2006024 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |