FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 06 1996 8:00 am
Secretary of State

DOCUMENT # 759011

1. Corporation Name
University Medical Center, Inc.

Principal Place of Business / Mailing Address
655 W. 8th Street
Jacksonville, FL 32209

000001854330
-06/06/96--01100--032
***61.25

3. Date Incorporated or Qualified: 6/30/81	3a. Date of Last Report: 4/14/95
4. FEI Number: 59-2142859	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

John F. Gregg
655 W. 8th St.
Jacksonville, FL 32209

10. Name and Address of New Registered Agent

81 Name: William E. Falck
82 Street Address (P.O. Box Number is Not Acceptable): 653-1 West Eighth Street
83: Suite 4060
84 City: Jacksonville FL 85 Zip Code: 32209

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: William E Falck — 5/31/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Register, Jr., George R. 6800 Southpoint Pkwy 101 Jacksonville, FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VC Neims, Allen H. M.D. Room M-110, Box 100215 (n/a) Gainesville, FL 32610 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Russo, Louis S. Jr. 655 W. Eighth Street Jacksonville, FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Criser, Marshall M. 50 N. Laura St., Ste. 3400 Jacksonville, FL 32202 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD McGriff, W.A., III 7785 Baymeadows Way 308 Jacksonville, FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D McGriff, W. A. III 7785 Baymeadows Way 308 Jacksonville, FL ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gregg, John F. 655 W. 8th St. Jacksonville, FL ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VC Ives, John E. P. O. Box 23089 (n/a) Savannah, GA 31404 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Baker, Roy M. 3550 University Blvd. S 320 Jacksonville, FL (Deceased) ☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	C O'Steen, Harold S. 759 Edgewood Avenue N Jacksonville, FL 32205 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Paul, Pamela Y. 963 Ponte Vedra Blvd. Ponte Vedra Beach, FL ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D McIntosh, C. B. M.D. 3160 Edgewood Ave. W Jacksonville, FL 32209 ☐ Change ☒ Addition 6.6.96

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: C.B. McIntosh — 5/31/96 — 904/765-5249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: C. B. McIntosh
Date — Daytime Phone #