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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **759011** **(0)**

1. Corporation Name
UNIVERSITY MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
655 W 8TH STREET JACKSONVILLE FL 32209	655 W 8TH STREET JACKSONVILLE FL 32209-6511

3. Date Incorporated or Qualified: 06/30/1981
3a. Date of Last Report: 06/06/1996

c/o Reg. Agent

2. Principal Place of Business	2a. Mailing Address
21	26 653-1 W. 8th St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 4060
City & State 23	City & State 28 Jacksonville, FL
Zip 24 / Country 25	Zip 29 32209-6511 / Country 30

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

9. Name and Address of Current Registered Agent

FALCK, WILLIAM E
653-1 W 8TH ST
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 April 28/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	REGISTER, JR., GEORGE R.		1.2 NAME	Register, Jr., George R.	
STREET ADDRESS	6800 SOUTHPOINT PKWY 101		1.3 STREET ADDRESS	6800 Southpoint PKWY 101	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	☐ DELETE	2.1 TITLE	CD	☒ Change ☐ Addition
NAME	RUSSO, LOUIS S JR.		2.2 NAME	O'Steen, Harold S.	
STREET ADDRESS	655 W. EIGHT STREET		2.3 STREET ADDRESS	759 Edgewood Avenue N	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	VCD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	MCGRIFF, W. A. III		3.2 NAME	McGriff, W. A. III	
STREET ADDRESS	7785 BAYMEADOWS WY #308		3.3 STREET ADDRESS	655 W. 8th St.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREGG, JOHN F.		4.2 NAME		
STREET ADDRESS	655 W. 8TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	5.1 TITLE	VC	☒ Change ☐ Addition
NAME	NEIMS, ALLEN H MD		5.2 NAME	Neims, Allen H, MD	
STREET ADDRESS	ROOM M-110, BOX 100215 N A		5.3 STREET ADDRESS	Room M-110, Box 100215 N A	
CITY-ST-ZIP	GAINESVILLE FL 32601		5.4 CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	S	☐ DELETE	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	PAUL, PAMELA Y.		6.2 NAME	Paul, Pamela Y.	
STREET ADDRESS	963 PONTE VEDRA BLVD		6.3 STREET ADDRESS	963 Ponte Vedra Blvd.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		6.4 CITY-ST-ZIP	Ponte Vedra Beach, FL	

CR2E037 (9/96)

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: [illegible] REQUIRED April 28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0005184