**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**May 05, 1999 8:00 am**
**Secretary of State**
05-05-1999 90009 047 ****61.25

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DOCUMENT # 759011

1. Corporation Name

UNIVERSITY MEDICAL CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 655 W 8TH STREET<br>JACKSONVILLE FL 32209 | 653-1 W. 8TH STREET<br>SUITE 4060<br>JACKSONVILLE FL 32209<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>06/30/1981 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2142859 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| FALCK, WILLIAM E<br>653-1 W 8TH ST<br>SUITE 4060<br>JACKSONVILLE FL 32209 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | TD | ☐ DELETE | 1.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | REGISTER, JR., GEORGE R. | | 1.2 NAME | C. B. McIntosh, M.D. | |
| STREET ADDRESS | 6800 SOUTHPOINT PKWY 101 | | 1.3 STREET ADDRESS | 3160 Edgewood Avenue West | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | | 1.4 CITY-ST-ZIP | Jacksonville, Florida 32209 | |
| TITLE | CD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | O'STEEN, HAROLD S | | 2.2 NAME | | |
| STREET ADDRESS | 759 EDGEWOOD AVE.N. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | | 2. 4 CITY-ST-ZIP | | |
| TITLE | PD | ☒ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCGRIFF, W. A III | | 3.2 NAME | | |
| STREET ADDRESS | 655 W 8TH STREET | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32209 | | 3.4. CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DANFORD, RICHARD D | | 4. 2 NAME | | |
| STREET ADDRESS | 233 WEST DUVAL STREET | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | | 4.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PAUL, PAMELA Y. | | 5.2 NAME | | |
| STREET ADDRESS | 963 PONTE VEDRA BLVD | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SPATES, L. JEROME | | 6.2 NAME | | |
| STREET ADDRESS | 4727 LANNIE ROAD | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32219 | | 6.4 CITY-ST-ZIP | | |

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 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, with all other like empowered.

**SIGNATURE:** Charles A. McIntosh SIGNATURE REQUIRED 4/29/99 904/765-5249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C.B. McIntosh, M.D.

CR2E037 (11/98)