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Feb 11, 1999 8:00am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 760888

1. Corporation Name

UNIVERSITY OF FLORIDA JACKSONVILLE HEALTHCARE, I  
NC.

Principal Place of Business

653 WEST 8TH STREET  
P. O. BOX 44008  
JACKSONVILLE FL 32209-6511

Mailing Address

653 WEST 8TH STREET  
P. O. BOX 44008  
JACKSONVILLE FL 32209-6511



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/03/1981

4. FEI Number

59-2274759

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

FRASHUER, NANCY D  
653 WEST EIGHTH ST.  
JACKSONVILLE FL 32209

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME RUSSO, LOUIS S  
STREET ADDRESS 653-1 WEST 8TH STREET  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE D  
NAME VINES, FREDERICK  
STREET ADDRESS 655 WEST 8TH STREET  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE PD  
NAME NUSS, ROBERT C. M.D  
STREET ADDRESS 653 W 8TH STREET  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VD  
NAME BERGER, ALAN M.D  
STREET ADDRESS 653 W. 8TH STREET  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE D  
NAME TEPAS, JOSEPH  
STREET ADDRESS 653 WEST 8TH STREET  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE TD  
NAME WILSON, GEORGE M.D  
STREET ADDRESS 653 W 8TH STREET  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 549-3500

CR2E037 (11/98)