

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90270 035 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 760888

1. Entity Name

UNIVERSITY OF FLORIDA JACKSONVILLE HEALTHCARE, I

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2274759

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RUSSO, LOUIS S 653-1 WEST 8TH STREET JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINES, FREDERICK 655 WEST 8TH STREET JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUSS, ROBERT C. M.D 653 W 8TH STREET JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERGER, ALAN M.D 653 W. 8TH STREET JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEPAS, JOSEPH 653 WEST 8TH STREET JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, GEORGE M.D 653 W 8TH STREET JACKSONVILLE FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Robert C. Nuss, M.D., President/CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 244-3500

CR2E037 (10/00)