

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90061 001 ***140.00

DOCUMENT # 760888

1. Entity Name

UNIVERSITY OF FLORIDA JACKSONVILLE
HEALTHCARE, INC.



Principal Place of Business

653 WEST 8TH STREET
JACKSONVILLE, FL 32209-6511

Mailing Address

P. O. BOX 44008
JACKSONVILLE, FL 32231-4008

00400247



01062004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2274759

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S
NAME COULTAS, DAVID
STREET ADDRESS 653 WEST 8TH STREET
CITY-ST-ZIP JACKSONVILLE, FL 322096511

TITLE CD
NAME NUSS, ROBERT C MD
STREET ADDRESS 653 W 8TH STREET
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE VD
NAME BERGER, ALAN MD
STREET ADDRESS 535 W. 8TH STREET
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE SD
NAME BENRUBI, GUY MD
STREET ADDRESS 653 WEST 8TH STREET
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE TD
NAME WILSON, GEORGE M.D
STREET ADDRESS 655 W 8TH STREET
CITY-ST-ZIP JACKCONVILLE, FL

TITLE CFO
NAME FRASHUER, NANCY D
STREET ADDRESS 653 WEST 8TH STREET
CITY-ST-ZIP JACKSONVILLE, FL 322096511

**DO NOT WRITE
IN THIS SPACE**

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:

Nancy D. Frashuer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY D. FRASHUER

1/6/04
Date

904-244-6265
Daytime Phone #