


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 760888</b> 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
---	---

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2274759	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FRASHUER, NANCY D 653 WEST EIGHTH ST. JACKSONVILLE, FL 32209	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COULTAS, DAVID 653 WEST 8TH STREET JACKSONVILLE, FL 322096511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NUSS, ROBERT C MD 653 W 8TH STREET JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERGER, ALAN MD 535 W. 8TH STREET JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENRUBI, GUY MD 653 WEST 8TH STREET JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, GEORGE M.D 655 W 8TH STREET JACKCONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FRASHUER, NANCY D 653 WEST 8TH STREET 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)(f), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Nancy D. Frashuer

Date \_\_\_\_\_ Daytime Phone # (904) 244-3500