


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90123 042 \*\*\*\*70.00

<b>DOCUMENT # 760888</b> 1. Entity Name <b>UNIVERSITY OF FLORIDA JACKSONVILLE HEALTHCARE, INC.</b>					
Principal Place of Business <b>653 WEST 8TH STREET JACKSONVILLE, FL 32209-6511</b>			Mailing Address <b>P. O. BOX 44008 JACKSONVILLE, FL 32231-4008</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2274759</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FRASHUER, NANCY D 653 WEST EIGHTH ST. JACKSONVILLE, FL 32209</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORTHUP, H. MARTIN M.D. 653 WEST 8TH STREET JACKSONVILLE, FL 322096511	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Theodore Bass, M.D. 653 West 8th Street Jacksonville, FL 32209-6511
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NUSS, ROBERT C MD 653 W 8TH STREET JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERGER, ALAN MD 535 W. 8TH STREET JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENRUBI, GUY MD 653 WEST 8TH STREET JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, GEORGE M.D 655 W 8TH STREET JACKCONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FRASHUER, NANCY D 653 WEST 8TH STREET JACKSONVILLE, FL 322096511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	

**60012759**



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