

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90032 022 ****70.00

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		
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	03212008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2274759				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$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. 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)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASS, THEODORE M.D. 653 WEST 8TH ST JACKSONVILLE, FL 32209		<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	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
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, GEORGE M.D 655 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	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
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.					
SIGNATURE: _____			4/17/08 904 204 3518		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

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UNIVERSITY OF FLORIDA JACKSONVILLE HEALTHCARE, INC

ADDITIONAL BOARD MEMBERS

- 1 Director
Robert Redfern, M.D.
653 W. 8th Street
Jacksonville, FL 32209
- 2 Director
David J. Vukich, M.D.
653 W. 8th Street
Jacksonville, FL 32209
- 3 Director
Arshag Mooradian, M.D.
653 W. 8th Street
Jacksonville, FL 32209
- 4 Director
Tai Q. Nguyen, M.D.
653 W. 8th Street
Jacksonville, FL 32209
- 5 Director
KV Chalam, M.D.
653 W. 8th Street
Jacksonville, FL 32209
- 6 Director
John Kirkpatrick, M.D.
653 W. 8th Street
Jacksonville, FL 32209
- 7 Director
John Isaacs, M.D.
653 W. 8th Street
Jacksonville, FL 32209
- 8 Director
Shahla Masood, M.D.
653 W. 8th Street
Jacksonville, FL 32209
- 9 Director
Thomas T. Chiu, M.D.
653 W. 8th Street
Jacksonville, FL 32209
- 10 Director
Richard White, M.D.
653 W. 8th Street
Jacksonville, FL 32209
- 11 Director
Richard Crass, M.D.
653 W. 8th Street
Jacksonville, FL 32209

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UNIVERSITY OF FLORIDA JACKSONVILLE HEALTHCARE, INC

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ADDITIONAL BOARD MEMBERS

- 12 Director
Mark Hudak, M.D.
653 W. 8th Street
Jacksonville, FL 32209
- 13 Director
Charles Haddad, M.D.
653 W. 8th Street
Jacksonville, FL 32209
- 14 Director
Marcia Funderburke, M.D.
653 W. 8th Street
Jacksonville, FL 32209
- 15 Director
Douglas Barrett, M.D.
653 W. 8th Street
Jacksonville, FL 32209
- 16 Director
Mac McGriff
653 W. 8th Street
Jacksonville, FL 32209
- 17 Director
Russ Armistead
653 W. 8th Street
Jacksonville, FL 32209
- 18 Director
Wayne Tharp
653 W. 8th Street
Jacksonville, FL 32209
- 19 Director
Ed Poppell
653 W. 8th Street
Jacksonville, FL 32209