NOT-FOR-PROFIT CORPORATION OF UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT#** 1. Entity Name 03 JAN -7 PH 12: 01 University of Florida Jacksonville Healthcare, Inc. DO NOT WRITE IN THIS SPACE Principal Place of Business 3. Mailing Address 653 West 8th Street P.O. Box 44008 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Jacksonville, FL Jacksonville, FL Applied For 59-2274759 Zip 32209 Not Applicable Country ^{Zip} 32231-4008 Country USA \$8.75 Additional Fee Required 5. Certificate of Status Desired Name and Address of Current Registered Agent Name : NANCY TRASHUER DO-NOT-WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 653 West 8th Street City Jacksonville Zip Code 32209 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 reinstaling) DATE FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Initial or Amended UBR Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS D Chairman TITLE 200008889492 11/08/02--01069--010 **70.00 NAME CR2E037B (12/01 Robert C. Nuss, M.D. NAME STREET ADDRESS STREET ADDRESS 653 West 8th Street, Jacksonville, FL 32209 CITY-ST-ZIP CITY-ST-ZIP TITLE CEO TITLE NAME Guy Benrubi, M.D. STREET ADDRESS STREET ADDRESS 653 West 8th Street, Jacksonville, FL 32209 CITY ST. ZIP CITY-ST-ZIP TITLE Vice President... TITLE NAME Alan Berger, M.D. STREET ADDRESS STREET ADDRESS .653_West_8th_Street,_Jacksonville,_FL_32209 CITY-ST-ZIP DO NOT WRITE CITY ST. ZIP TITLE TITI F Secretary NAME IN THIS SPACE David Coultas, M.D. NAME STREET ADDRESS STREET ADDRESS 653 West 8th Street, Jacksonville, FL 32209 CITY-ST-ZIP CITY-ST-ZIP TITLE Treasurer TITLE NAME George R. Wilson, III, M.D. NAME STREET ADDRESS STREET ADDRESS 653 West 8th Street, Jacksonville, FL 32209 CITY-ST-ZIP CITY-ST-ZIP TITLE CFO/Board Member NAME NAME STREET ADDRESS Nancy D. Frashuer STREET ADDRESS 653 West 8th Street, Jacksonville, FL 32209 CITY-ST-ZIP 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 attachment with an address, with all other like empowered.

Nancy D. Frashuer

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-244-3500

Daytime Phone

UNIVERSITY OF FLORIDA JACKSONVILLE HEALTHCARE, INC.

(A University Health Services Support Organization)

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Nancy D. Frashuer (Ex-Officio) Senior Vice President/CFO, University of Florida Jacksonville Healthcare, Inc. 653 West 8th Street, Jacksonville, FL 904-244-3518

* EXECUTIVE COMMITTEE MEMBERS

Members of the Executive Committee also serve as the Board of Directors for University of Florida Jacksonville Physicians, Inc.