


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90001 015 ****61.25

DOCUMENT # N00000000010 1. Entity Name THE ASSOCIATION OF FLORIDA CHILDREN'S HOSPITALS, INC.					
Principal Place of Business 807 CHILDREN'S WAY NEMOURS CHILDREN'S CLINIC JACKSONVILLE, FL 32207			Mailing Address 807 CHILDREN'S WAY NEMOURS CHILDREN'S CLINIC JACKSONVILLE, FL 32207		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3626378	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FREEMAN, LARRY J WOLFSON CHILDREN'S HOSPITAL 800 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, ALBERT H M.D.		NAME	Michael D. Aubin	
STREET ADDRESS	807 CHILDREN'S WAY		STREET ADDRESS	3001 W. Martin Luther King Blvd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Tampa, FL 33607-6387	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUBIN, MICHAEL D		NAME	Larry J. Freeman	
STREET ADDRESS	3001 W MARTIN LUTHER KING BLVD		STREET ADDRESS	800 Prudential Drive	
CITY-ST-ZIP	TAMPA, FL 336076387		CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIS, MICHAEL		NAME	William Blanchard, M.D.	
STREET ADDRESS	9981 HEALTH PARK CIRCLE		STREET ADDRESS	5153 N. 9th Avenue	
CITY-ST-ZIP	FT MYERS, FL 33908		CITY-ST-ZIP	Pensacola, FL 32504	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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			Date 8/2/04 (904) 202-8732 Daytime Phone #		

54069036



07082004 Chg-NP CR2E037 (10/03)



Attachment

54069036
#N00000000010

Melissa A. Poston
Legal Assistant • Legal Services

August 11, 2004

Uniform Business Report
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Uniform Business Report Filing
The Association of Florida Children's Hospitals, Inc.

Dear Sir/Madam:

Enclosed for filing is the 2004 Uniform Business Report for The Association of Florida Children's Hospitals, Inc. along with a check for the \$61.25 filing fee. Please call should you have any questions or require further information.

Very truly yours,

Melissa A. Poston

/mp
Enclosures