

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90177 013 ****70.00

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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**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FREEMAN, LARRY J
WOLFSON CHILDREN'S HOSPITAL
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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	PD WILKINSON, ALBERT H M.D.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	807 CHILDREN'S WAY JACKSONVILLE FL 32207	
TITLE NAME	VD HOWELL, R. RODNEY M.D.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1611 N.W. 12TH AVE MIAMI FL 33136-1094	
TITLE NAME	STD AUBIN, MICHAEL D	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3001 W MARTIN LUTHER KING BLVD TAMPA FL 33607-6387	
TITLE NAME	D ELLIS, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9981 HEALTH PARK CIRCLE FT MYERS FL 33908	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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.

Albert H. Wilkinson, Jr., M.D.

SIGNATURE: _____

Albert H. Wilkinson, Jr., M.D.

2/20/03

904-202-8731

CR2E037 (10/02)