


03-25-2003 90071 022 ****61.25

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

DOCUMENT # N01000001049		
1. Entity Name FLORIDA PUBLIC HEALTH FOUNDATION, INC.		
Principal Place of Business 4720 SALSBUARY RD., STE 243 JACKSONVILLE, FL 32256		Mailing Address 4720 SALSBUARY RD., STE 243 JACKSONVILLE, FL 32256
2. Principal Place of Business		3. Mailing Address <i>1605 PEBBLE BEACH BLVD</i>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		4. FEI Number 59-3736007
City & State <i>GREEN COVE SPRINGS, FL</i>		Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip <i>32043</i>	Country <i>USA</i>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
Name MULAND, CHRISTOPHER L.		Name
Street Address (P.O. Box Number is Not Acceptable) 1000 RIVERSIDE AVE, STE 115		Street Address (P.O. Box Number is Not Acceptable)
City JACKSONVILLE, FL 32204		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 <i>Sandra J Magyar</i>		DATE <i>3/21/03</i>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>DATE</small>
<small>PLEASE SHOW FEES (SEE 22)</small>		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 type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, SAMUEL III	NAME
STREET ADDRESS	215 SOUTH MONROE ST.	STREET ADDRESS
CITY-STATE-ZIP	TALLAHASSEE, FL 32301	CITY-STATE-ZIP
TITLE	VPD <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, RICHARD G	NAME
STREET ADDRESS	602 PRAIRIE MINE RD.	STREET ADDRESS
CITY-STATE-ZIP	MULBERRY, FL 33860	CITY-STATE-ZIP
TITLE	SD <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, W. MICHAEL	NAME
STREET ADDRESS	13201 BRUCE B. DOLOUS BLVD., MDC-68	STREET ADDRESS
CITY-STATE-ZIP	TAMPA, FL 33612	CITY-STATE-ZIP
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRUSO, PHILIP T	NAME
STREET ADDRESS	3602 SPECTRUM BLVD.	STREET ADDRESS
CITY-STATE-ZIP	TAMPA, FL 33612	CITY-STATE-ZIP
TITLE	ED <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGYAR, SANDRA F	NAME
STREET ADDRESS	4720 SALSBUARY RD., #243	STREET ADDRESS
CITY-STATE-ZIP	JACKSONVILLE, FL 32256	CITY-STATE-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-STATE-ZIP		CITY-STATE-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: <i>Sandra J Magyar</i>		DATE: <i>3/21/03</i> 904-529-4686
<small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>

CR20037 (10/02)