FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO3828

1. Corporation Name
Jacksonville Health Group, Inc.

300001854333
-06/06/96--01100--033
***61.25

Principal Place of Business
655 West Eighth Street
Jacksonville, Florida 32209

Mailing Address

3. Date Incorporated or Qualified: 6/21/84
3a. Date of Last Report: 4/14/95
4. FEI Number: 59-2441966 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

John Gregg
655 W. 8th Street
Jacksonville, FL 32209

10. Name and Address of New Registered Agent

81 Name: William E. Falck
82 Street Address (P.O. Box Number is Not Acceptable): 653-1 West Eighth Street
83: Suite 4060
84 City: Jacksonville FL 85 Zip Code: 32209

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: William E Falck — 5/31/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Baker, Roy M. MD (CHRMN) 3550 University BV S 302 Jacksonville, FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Addy, W. E. 4411 Bass Place Jacksonville, FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD McGriff, W.A., III 7785 Baymeadows Way #308 Jacksonville, FL 32256	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Challoner, David R. MD P. O. Box 10014 (n/a) Gainesville, FL 32610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T O'Steen, Harold S. 759 Edgewood Ave. N. Jacksonville, FL 32205	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	NOTE: We are listing ALL Directors even though only 3 are required.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stein, David 9009 Regency SQ. Blvd. Jacksonville, FL 32211	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D Rhatigan, Ronald M. MD 655 West Eighth St. Jacksonville, FL 32209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD Register, George R. JR. 6800 Southpoint Pkwy 101 Jacksonville, FL 32216	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	AC (Acting Chairman) Register, George R. Jr. 6800 Southpoint Pkwy 101 Jacksonville, FL 32216	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McIntosh, Charles, B. MD 3160 Edgewood Ave. W Jacksonville, FL 32209	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

6.6.96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles B. McIntosh — 5/31/96 — 904/765-5249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Charles B. McIntosh — Date — Daytime Phone #