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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N03828 (3)

1. Corporation Name
JACKSONVILLE HEALTH GROUP, INC.

Principal Place of Business	Mailing Address
655 WEST EIGHTH STREET JACKSONVILLE FL 32209	655 WEST EIGHTH STREET JACKSONVILLE FL 32209-6511

c/o Reg. Agent

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 06/21/1984	3a. Date of Last Report: 06/06/1996
21	26 653-1 W. 8th St.	4. FEI Number: 59-2441966	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 4060	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Jacksonville, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 32209-6511 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FALCK, WILLIAM E 655 W 8TH STREET 653-1 W 8TH ST JACKSONVILLE FL 32209	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 4/28/97
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	PD	XX DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	BAKER, ROY M. MD.(CHRMN)		1.2 NAME	Addy, W. E.	
STREET ADDRESS	3550 UNIVERSITY BV S 302		1.3 STREET ADDRESS	4411 Bass Place	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCGRIFF, W.A., III		2.2 NAME		
STREET ADDRESS	7785 BAYMEADOWS WAY #308		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	PCD	XX Change ☐ Addition
NAME	O'STEEN, HAROLD S.		3.2 NAME	O'Steen, Harold S.	
STREET ADDRESS	759 EDGEWOOD AVE. N.		3.3 STREET ADDRESS	759 Edgewood Ave. N.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEIN, DAVID		4.2 NAME		
STREET ADDRESS	9009 REGENCY SQ. BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCINTOSH, CHARLES B. MD		5.2 NAME		
STREET ADDRESS	3160 EDGEWOOD AVE. W.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	REGISTER, GEORGE R. JR.		6.2 NAME		
STREET ADDRESS	6800 SOUTHPOINT PKWY 101		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: [illegible] **REQUIRED** April 28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0005179