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May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03828
1. Corporation Name

(3)

JACKSONVILLE HEALTH GROUP, INC.

Principal Place of Business	Mailing Address
655 West Eighth Street Jacksonville, FL 32209	653-1 W. 8th Street Suite 4060 Jacksonville, FL 32209

3. Date Incorporated or Qualified
06/21/1984

4. FEI Number
59-2441966

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FALCK, WILLIAM E.
653-1 West 8th Street, Suite 4060
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

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

(NOTE: Registered Agent signature required when reinstating)

April 29, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	Challoner, David R.	
STREET ADDRESS	1600 Archer Road SW	
CITY-ST-ZIP	Gainesville, FL 32610	
TITLE	TD	☐ DELETE
NAME	Addy, W.E.	
STREET ADDRESS	4411 Bass Place	
CITY-ST-ZIP	Jacksonville, Florida 32210	
TITLE	PCD	☐ DELETE
NAME	O'Steen, Harold S.	
STREET ADDRESS	759 Edgewood Ave. N.	
CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	D	☐ DELETE
NAME	Stein, David A.	
STREET ADDRESS	9009 Regency Square Boulevard	
CITY-ST-ZIP	Jacksonville, FL 32203	
TITLE	D	☐ DELETE
NAME	McIntosh, Charles B.	
STREET ADDRESS	3160 Edgewood Ave. W.	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	SD	☐ DELETE
NAME	McGriff, W.A., III	
STREET ADDRESS	7785 Baymeadows Way #308	
CITY-ST-ZIP	Jacksonville, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD (Changed address)	☒ Change ☐ Addition
1.2 NAME	McGriff, W.A., III	
1.3 STREET ADDRESS	655 W. 8th Street	
1.4 CITY-ST-ZIP	Jacksonville, FL 32209	
2.1 TITLE	VCD (Changed address)	☒ Change ☐ Addition
2.2 NAME	Register, George R., Jr.	
2.3 STREET ADDRESS	118 W. Adams St., Suite 1000	
2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	200002539872	
5.3 STREET ADDRESS	-05/29/98--01001--008	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 in an attachment with an asterisk.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. A. McGriff, III

4/30/98 904/549-3002

Date

Daytime Phone #

CR2E037 (10/97)

pydof2

1998 NONPROFIT CORPORATION ANNUAL REPORT
JACKSONVILLE HEALTH GROUP, INC.
CONTINUATION OF BLOCK 12

D
RHATIGAN, RONALD M.
655 W. 8th Street
Jacksonville, FL 32209

VCD
Register, George R., Jr.
6800 Southpoint Pkwy 101
Jacksonville, FL