FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90009 046 ****61.25

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DOCUMENT # N03828

1. Corporation Name

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 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/21/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-2441966 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FALCK, WILLIAM E
653 WEST EIGHTH STREET
SUITE 4060
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	VCSD ☐ Change ☐ Addition
NAME	CHALLONER, DAVID R.		1.2 NAME	Register, George R., Jr.
STREET ADDRESS	1600 ARCHER ROAD SW		1.3 STREET ADDRESS	118 W. Adams St., Suite 1000
CITY-ST-ZIP	GAINESVILLE FL 32610		1.4 CITY-ST-ZIP	Jacksonville, Florida 32202
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ADDY, W.E.		2.2 NAME	
STREET ADDRESS	4411 BASS PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210		2.4 CITY-ST-ZIP	
TITLE	PCD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	O'STEEN, HAROLD S		3.2 NAME	
STREET ADDRESS	759 EDGEWOOD AVE. N.		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205		3.4. CITY-ST-ZIP	
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 32203		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 32209		5.4 CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	REGISTER, GEORGE R. JR.		6.2 NAME	
STREET ADDRESS	118 W ADAMS ST SUITE 1000		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charles B. McIntosh, M.D. REQUIRED 4/29/99 904/765-5249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHARLES B. McIntosh, M.D.