


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90193 037 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000005386**

1. Corporation Name

**MEMORIAL HEALTHCARE PLAZA ASSOCIATION, INC.**

Principal Place of Business

C/O MEMORIAL HOSPITAL JACKSONVILLE  
 3625 UNIVERSITY BOULEVARD, SOUTH  
 JACKSONVILLE FL 32216

Mailing Address

C/O MEMORIAL HOSPITAL JACKSONVILLE  
 3625 UNIVERSITY BOULEVARD, SOUTH  
 JACKSONVILLE FL 32216



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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/16/1998
22 City & State	27 City & State	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25	30	

9. Name and Address of Current Registered Agent

BUCK, WILLIAM  
 C/O MEMORIAL HOSPITAL JACKSONVILLE  
 3625 UNIVERSITY BOULEVARD, SOUTH  
 JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name **H. REX ETHEREDGE**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**C/O MEMORIAL HOSPITAL JACKSONVILLE**  
 83 **3625 UNIVERSITY BLVD. So.**  
 84 City **JACKSONVILLE** FL 85 Zip Code **32216**

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 **H. REX ETHEREDGE**

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

(NOTE: Registered Agent signature required when reinstating)

**4/28/99**  
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ETHEREDGE, REX</b>	1.2 NAME	
STREET ADDRESS	<b>C/O MEM. HOSP. JAX., 3625 UNIV. BLVD., SO.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUCK, WILLIAM</b>	2.2 NAME	<b>GEORGES A. BAHRI, MD</b>
STREET ADDRESS	<b>C/O MEM. HOSP. JAX., 3625 UNIV. BLVD., SO.</b>	2.3 STREET ADDRESS	<b>6100 KENNERLY</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32216</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MELTZER, DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>C/O MEM. HOSP. JAX., 3625 UNIV. BLVD., SO.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: **H. REX ETHEREDGE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/99** **904-391-1172**  
 Date Daytime Phone #

CR2E037 (11/98)