

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744617

Entity Name: UNIVERSITY OF FLORIDA JACKSONVILLE PHYSICIANS, INC.

Current Principal Place of Business:

653 W. 8TH ST.
JACKSONVILLE, FL 32209

Current Mailing Address:

P.O. BOX 44008
JACKSONVILLE, FL 32231-4008

FEI Number: 59-1867557

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FRASHUER, NANCY D
653 WEST 8TH ST.
JACKSONVILLE, FL 32209 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WILSON, GEORGE MD
Address 653 W. 8TH ST.
City-State-Zip: JACKSONVILLE FL 32209

Title VICE PRESIDENT
Name BERGER, ALAN MD
Address 653 W. 8TH ST.
City-State-Zip: JACKSONVILLE FL 32209

Title SECRETARY
Name BASS, THEODORE M.D.
Address 653 W 8TH ST.
City-State-Zip: JACKSONVILLE FL 32209

Title TREASURER
Name MOORADIAN, ARSHAG
Address 653 W 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title CHAIRMAN
Name WILSON, DANIEL MD, PH.D.
Address 653 W. 8TH ST.
City-State-Zip: JACKSONVILLE FL 32209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE WILSON, MD

PRESIDENT

03/16/2016

Electronic Signature of Signing Officer/Director Detail

Date