2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2019
Secretary of State
7840806562CC

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Entity Name: WOLFSON CHILDREN'S HOSPITAL OF JACKSONVILLE, INC.

Current Principal Place of Business:

841 PRUDENTIAL DRIVE, SUITE 1802
JACKSONVILLE, FL 32207

Current Mailing Address:

841 PRUDENTIAL DRIVE, SUITE 1802
JACKSONVILLE, FL 32207 US

FEI Number: 81-1755188

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAITY, G. SCOTT
841 PRUDENTIAL DRIVE, SUITE 1802
JACKSONVILLE, FL 32207 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: G. SCOTT BAITY 04/30/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	GREENE, A. HUGH
Address	841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip:	JACKSONVILLE FL 32207

Title	EVPD
Name	WILBANKS, JOHN F
Address	841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip:	JACKSONVILLE FL 32207

Title	SVPD
Name	AUBIN, MICHAEL
Address	820 PRUDENTIAL DRIVE, 1ST FLOOR
City-State-Zip:	JACKSONVILLE FL 32207

Title	SVPT
Name	WOOTEN, SCOTT M
Address	841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip:	JACKSONVILLE FL 32207

Title	S
Name	BAITY, G. SCOTT
Address	841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip:	JACKSONVILLE FL 32207

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: A. HUGH GREENE PRESIDENT 04/30/2019

Electronic Signature of Signing Officer/Director Detail — Date