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Application for Board of Trustees Position

The information submitted will be used by the Board of Governors in considering action on your application. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Completed applications should be sent to: Board of Governors, 325 W. Gaines Street, Suite 1614, Tallahassee, FL 32399-0400. Please type or print.

If appointed, you will be required to file financial disclosure statements.

8-7-09

Date Completed

1. Name: GREENE ADRIAN HUGH
Last First Middle and/or (Maiden)

2. University Board of Interest: UNIVERSITY OF NORTH FLORIDA

Are you applying for reappointment? Yes No

3. Residence Address: [REDACTED] JACKSONVILLE, FL DUVAL
Street City County

4. Current Employer or Occupation: PRESIDENT & CEO, BAPTIST HEALTH

Business Address: 800 PRUDENTIAL DR. JACKSONVILLE, FL
Street Office#/Suite City

32207 904-202-4011
Post Office Box Suite Zip Code Area Code/Phone Number

hugh.greene@bmcjax.com
E-mail Address

5. Specify the preferred mailing address: Business Home Fax # _____

6. List all places of residence for the past five (5) years.

Address	From	To
<u>[REDACTED]</u>	<u>JACKSONVILLE, FL</u>	<u>2004 - PRESENT</u>

7. List all former and current residences outside of Florida that you have maintained at any time during adulthood.

Address	City and State	From	To
<u>1225 CREEKDALE DR.</u>	<u>NASHVILLE, TN</u>	<u>1984</u>	<u>1988</u>
<u>7584 HUGGINS RD.</u>	<u>RICHMOND, VA</u>	<u>1981</u>	<u>1984</u>
<u>59 SAL SUE CT.</u>	<u>COLUMBIA, S.C.</u>	<u>1979</u>	<u>1981</u>

8. Date of Birth | [REDACTED] * Place of Birth: SPARTANBURG, S.C.

9. Social Security No.: [REDACTED] *

10. Driver License No: [REDACTED] Issuing State: FLORIDA

11. Have you ever used or been known by any other legal name? Yes No If "Yes" explain.

12. Are you a United States citizen? Yes No If "No" explain.

13. If you are a naturalized citizen, date of naturalization: _____

14. Since what year have you been a continuous resident of Florida? 1985

15. Are you a registered Florida voter? Yes No If "Yes" list:
County of Registration DUVAL

16. Education:

A. High School: SPRING VALLEY H.S., COLUMBIA, S.C. Year Graduated: 1971
(Name and Location)

B. List all postsecondary educational institutions attended:

Name and Location	Date Attended	Certificates/Degrees Received
<u>WAKE FOREST UNIV., WINSTON-SALEM, N.C.</u>	<u>1971-1975</u>	<u>B.A.</u>
<u>SOUTHERN BAPTIST THEOL SEMINARY, LOUISVILLE, KY</u>	<u>1975-1977</u>	<u>M. DIVINITY</u>
<u>MEDICAL COLLEGE OF VA., RICHMOND VA</u>	<u>1981-1984</u>	<u>M. HEALTH ADMIN.</u>

17. Are you or have you ever been a member of the United States armed forces? Yes No
If "Yes" list:
A. Dates of service: _____
B. Branch or component: _____
C. Date and type of discharge: _____

* Will be redacted before distribution occurs.

18. Have you ever been arrested, charged, or indicted for violation of any federal, state, county or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes No If "Yes" give details:

<u>Date</u>	<u>Place</u>	<u>Nature</u>	<u>Disposition</u>

19. Concerning your current employer and for all of your employment, including self-employment, during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment:

<u>Employer Name and Address</u>	<u>Type of Business</u>	<u>Occupation/Title</u>	<u>Period of Employment</u>
BAPTIST HEALTH 800 BRUDENIAL DR JACKSONVILLE, FL (HEALTH SYSTEM)		CEO	1989 - PRESENT (CEO SINCE 2000)

20. Have you ever been employed by any state, district, or local government agency in Florida? Yes No If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment, and reason for leaving:

<u>Position</u>	<u>Employing Agency</u>	<u>Period of Employment</u>

21. State your experiences and interests or elements of your personal history that qualify you for this appointment. CURRENT SERVICE ON UNE BOARD SINCE '07. PRIOR SERVICE ON DEAN'S COUNCIL, COLLEGE OF HEALTH, UNE. SERVED FOR 2 TERMS ON BOARD OF WAKE FOREST UNIV. DIVERSITY SCHOOL. LONG STANDING INVOLVEMENT IN PUBLIC EDUCATION IN DUVAL COUNTY. EXTENSIVE COMMUNITY INVOLVEMENT IN JACKSONVILLE AREA.

22. Have you received any degree(s), professional certification(s) or designation(s) including awards related to the subject matter of this appointment? Yes No If "Yes", list:

HAVE SERVED AS PART-TIME LECTURER, AS WELL AS CLINICAL ASST. PROFESSOR, DEPT. OF HEALTH SCIENCES, UNF (1992).

RECEIVED COMMUNITY TRUSTEE AWARD, LEADERSHIP JACKSONVILLE, 2006

INDUCTED INTO FIRST COAST BUSINESS HALL OF FAME, JACKSONVILLE

23. Identify all association memberships and association offices held by you that relate to this appointment:

NO OFFICIAL ASSOCIATIONS- LONG STANDING INVOLVEMENT WITH VNF
NOTED ELSEWHERE. MANY COMMUNITY INVOLVEMENTS (CHAMBER, UNITED WAY,
ETC.) ENTAIL INDIRECT ASSOCIATIONS WITH VNF.

24. Do you currently hold an office or position (appointive, civil service, or other) with the Federal or any foreign government? Yes No If "Yes", please list:

25. Have you ever been elected or appointed to any public office in this state? Yes No

If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district or state):

Office Title	Date of Election or Appointment	Term of Office	Level of Government
<u>MANAGER, LOW INCOME POOL TASK FORCE</u>	<u>(APPT. BY GOV. BUSH)</u>	<u>2005 - PRESENT</u>	

(NOTE: PRIOR VNF BOARD APPT. IN 2007)

If your service was on an appointed board(s), committee(s) or council(s):

- A. How frequently were meetings scheduled? 5 X YEAR
- B. If you missed any of the regularly scheduled meetings, state the number of meetings attended, number missed, and the reason(s) for absence(s).

Meetings Attended	Meetings Missed	Reason for Absence
<u>DO NOT BELIEVE I HAVE MISSED ANY REGULARLY SCHEDULED MEETINGS</u>		

26. Have you ever served on any profit or not-for-profit board? Yes No

If "Yes", state the title, date of appointment, length of service, and provide a brief description of your involvement.

FLORIDA HOSPITAL ASSOC. BOARD (3 TERMS, INCL. PRESENT);
BOARD (INCL. CHAIR), UNITED WAY OF N.E. FL (1997-2008); MULTIPLE TERMS ON
JAX CHAMBER OF COMMERCE BD.; WAKE FOREST & DIVINITY SCHOOL BD (1997-2006);
BOARD, ALLIANCE FOR WORLD CLASS EDUC., DUVAL CTY (1997-2008); BOARD,
(INCL. CHAIR) I.M. SUBRACHER CENTER FOR HOMELESS

27. Have you ever been responsible or played a role in managing a business or other corporate entity? Yes No If "Yes", state the name of the business, the dates of your involvement, and provide a brief description of your involvement.

CEO, BAPTIST HEALTH SYSTEM, JAX, FL (2000-PRESENT)
COO (1989-2000). LARGEST HEALTH SYSTEM IN N.E. FL WITH
NET REVENUES OF \$1 BILLION & 2000 EMPLOYEES)

BOARD, UNE (2007 APPT.)

28. Describe any involvement with and/or relationship to the university to which you are applying or any other educational institution with which you are/were affiliated (other than as a student).

DENN'S COUNCIL, COLLEGE OF HEALTH, UNE (INCL. VICE CHAIR); COORDINATED MAJOR COLLABORATING FUNDS FOR SCHOOL OF NURSING, UNE. (AS NOTED, SERVED ON BOARD OF NAKE BERRY UNIV. DIVINITY SCHOOL)

29. Describe your understanding of the role of a board of trustee member in ensuring the fiduciary and academic well-being of the university.

GOVERNANCE HAS A KEY ROLE IN STRATEGIC DIRECTION, AS WELL AS FINANCIAL FIDUCIARY RESPONSIBILITY. AT THE SAME TIME, BOARD MEMBERS MUST NEVER LOSE FOCUS ON QUALITY OF EDUCATION FOR STUDENTS WHICH NECESSARILY INCL. QUALITY OF FACULTY. ALSO, ONE MUST BE MINDFUL OF THE OVERALL STATE UNIV. SYSTEM OF WHICH WE ARE A PART.

30. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes No If "Yes", give details:

Date	Nature of Violation	Disposition

31. Have you ever been suspended from any office by the Governor of the State of Florida?

Yes No If "Yes", list:

Title of Office _____ Reason for Suspension: _____

Date of suspension: _____ Result: Reinstated Removed Resigned

32. Have you previously been appointed to any office that required confirmation by the Florida Senate?

Yes No If "Yes", list:

Title of Office: _____

Term of Appointment: _____

Confirmation results: _____

33. Have you ever been refused a fidelity, surety, performance, or other bond? Yes No

If "Yes", explain:

34. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes No If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, and/or disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<u>License/Certificate Title & Number</u>	<u>Original Issue Date</u>	<u>Issuing Authority</u>	<u>Disciplinary Action/Date</u>
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35. Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the university to which you have been appointed or are seeking appointment? Yes No If "Yes", explain:

<u>Name of Business</u>	<u>Your Relationship to Business</u>	<u>Business' Relationship to University</u>
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(NONE OTHER THAN PHILANTHROPIC GIFTS TO VNF FOUNDATION BY BAPIU7 HEALTH AS PART OF COLLABORATIVE GRANTS IN SUPPORT OF NURSING PROGRAMS.)

36. Have members of your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the university to which you have been appointed or are seeking appointment? Yes No If "Yes", explain:

<u>Name of Business</u>	<u>Family Member's Relationship to you</u>	<u>Family Member's Relationship to Business</u>	<u>Business' Relationship to University</u>
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37. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five years? Yes No If "Yes", explain:

A. Did you receive any compensation other than reimbursement for expenses? Yes No

B. Name of agency or entity you lobbied and the principals you represented:

<u>Agency Lobbied</u>	<u>Principals Represented</u>
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38. List three persons who have known you well during the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

Name	Mailing Address	Zip Code	Area Code/Telephone Number
M.C. HARGEN	501 222 RIVERSIDE AVE, JAX, FL	32204	904-356-7042
STEVE HALVERSON	P.O. BOX 44100, JAX, FL	32231	904-771-4504
CONNIE HODGES	1301 RIVERPLACE BLVD., SUITE 400, JAX, FL	32207	904-390-3218

39. Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

Name	Mailing Address	Office(s) Held & Term	Date(s) of Membership
FLA. HOSPITAL ASSOC.	306 E. COLLEGE, TALLAHASSEE	BOARD	'96-'97; 2000-2003-2007-PRESENT
ROTARY CLUB, JACKSONVILLE	(DOWNTOWN CLUB)	BOARD	2003-PRESENT
AMERICAN HOSP. ASSOC.	WASHINGTON, D.C.	LR PLANNING COMMITTEE	2007-PRESENT

40. Do you know of any reason why you will not be able to attend fully the duties of the position to which you have been or will be appointed? Yes No If "yes", explain:

41. Are you now, or have you within the past three years, been a member of any club or organization that, to your knowledge, in practice or in policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin or gender?

Yes No If "yes", detail the name and nature of the organization, relevant policies and practices, and state whether you intend to continue as a member if appointed by the Board of Governors.

42. Have you ever been the object of any equal employment opportunity complaint or any civil action based upon discrimination in the work place? Yes No If "yes", explain and provide details of the outcome:

43. Are there any pending lawsuits against you or are you a party to a lawsuit in any court in which you are the plaintiff or defendant? Yes No If "yes", what type and where?

44. Have any judgments been entered against you as a result of any civil or administrative proceeding(s)? Yes No If "yes", identify the proceeding(s) that resulted in the judgment and the date the judgment was entered.

45. Are you now engaged in activities, or have you engaged in activities in the past, that will reflect unfavorably on the board to which you seek appointment? Yes No If "yes", please explain.

46. Is there anything that you were not questioned about in your application that you should make known to us at this time that impugns your integrity, character and fitness for the position you are seeking? Yes No If "yes", please explain.

CERTIFICATION

STATE OF FLORIDA, COUNTY OF _____

Before me, the undersigned authority, personally appeared _____ who after being duly sworn, say: 1) that he/she has carefully prepared or read the answers to the foregoing question; 2) that the information contained in said answers is complete and true; 3) that he/she will, as an appointee, fully support the Constitutions of the United States and the State of Florida. Be it further known that in signing this document I understand that a Level 2 background check by the Florida Department of Law Enforcement will be performed on all nominees who are recommended to the Florida Board of Governors.

A. Hugh Greene

Affiant's signature

Sworn to and subscribed before me on this 6th day of August, 2009, by A. Hugh Greene.

Karen Miller

(signature of notary)



KAREN MILLER
(typed, printed name) Notary Public, State of Florida
My Comm. Expires June 8, 2013
Commission No. DD 890409
My Commission Expires:

Personally Known OR Produced Identification _____
Type of Identification Produced _____

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.

Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE GENERAL COUNSEL FOR THE BOARD OF GOVERNORS.

Vikki R. Shirley
General Counsel
Board of Governors
State University System of Florida
325 W. Gaines Street, Suite 1614
Tallahassee, FL 32399-0400
(850) 245-0466