

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 754092 (5)

1. Corporation Name

CORPORATION FOR PUBLIC MEDICINE, INC.



Principal Place of Business: C/O SISLER & COMPANY, 2622 NW 43RD ST. B-1, GAINESVILLE FL 32606, US

Mailing Address: C/O SISLER & COMPANY, 2622 NW 43RD ST. B-1, GAINESVILLE FL 32606, US

3. Date Incorporated or Qualified: 09/09/1980  
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

City & State (23) City & State (28)

Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2043240  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
STEIN, GERALD H  
C/O SISLER & CO  
2622 NW 43RD ST., B-1  
GAINESVILLE FL 32604

10. Name and Address of New Registered Agent  
81 Name: STEIN, SARA  
82 Street Address (P.O./Box Number is Not Acceptable): C/O SISLER & CO  
83: 2622 NW 43<sup>rd</sup> ST, B1  
84 City: GAINESVILLE FL 85 Zip Code: 32604

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 office familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *SARA STEIN* SARA STEIN PRESIDENT 2/5/96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEIN, GERALD H.	
STREET ADDRESS	C/O SISLER & CO 2622 NW 43RD ST, B-1	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STEIN, SARA	
STREET ADDRESS	2908 SW 2ND AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	QUAY, GARY	
STREET ADDRESS	9301 NW 8TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	1.1 CD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	2.1 PTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	2.2 C/O SISLER & CO		
2.3 STREET ADDRESS	2.3 2622 NW 43RD ST, B-1		
2.4 CITY-ST-ZIP	GAINESVILLE FL 32604		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	700001738187		
5.3 STREET ADDRESS	-03/11/96--01009--002		
5.4 CITY-ST-ZIP	***61.25		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *SARA STEIN* SARA STEIN 2/5/96 904 373-3553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)