

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32606-7428 US

3. Date Incorporated or Qualified: 09/09/1980  
3a. Date of Last Report: 03/08/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City, State, Zip, and Country.  
4. FEI Number: 59-2043240  
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

10. Name and Address of New Registered Agent

STEIN, SARA  
C/O SISLER & CO  
2622 NW 43RD ST., B-1  
GAINESVILLE FL 32604

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	STEIN, GERALD H	1.2 NAME	
STREET ADDRESS	C/O SISLER & CO 2622 NW 43RD ST, B-1	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	
NAME	STEIN, SARA	2.2 NAME	
STREET ADDRESS	C/O SISLER & CO 2622 N.W. 43RD ST. B-1	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32604	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	QUAY, GARY	3.2 NAME	
STREET ADDRESS	9301 NW 8TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *SARA MORTON STEIN* SARA MORTON STEIN JAN 17, 1997  
352 373 3553  
Daytime Phone #0011083

CP2E037 (9/96)