

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 1:47

DOCUMENT # 712152 (8)

1. Corporation Name

ALACHUA COUNTY MEDICAL SOCIETY, INC.

Principal Place of Business

**235 SOUTHWEST SECOND AVENUE
GAINESVILLE FL 32601**

Mailing Address

**235 SOUTHWEST SECOND AVENUE
GAINESVILLE FL 32601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1967

3a. Date of Last Report

04/27/1994

4. FEI Number

59-1112977

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

22

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

24

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVENPORT, PEGGY J
235 S W 2ND AVE
GAINESVILLE FL 32601**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **STECHMILLER, BRUCE K**
STREET ADDRESS **235 S W 2ND AVE**
CITY - ST - ZIP **GAINESVILLE FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **VD**
NAME **LUKOWSKI, MICHAEL J**
STREET ADDRESS **235 S W 2ND AVE**
CITY - ST - ZIP **GAINESVILLE FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **TD**
NAME **SHAHAN, JOHN S**
STREET ADDRESS **235 S W 2ND AVE**
CITY - ST - ZIP **GAINESVILLE FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **MD**
NAME **DAVENPORT, PEGGY J.(EX-D)**
STREET ADDRESS **235 S W 2ND AVE**
CITY - ST - ZIP **GAINESVILLE FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **SD**
NAME **LANGHAM, MAX R**
STREET ADDRESS **235 SW 2ND AVE**
CITY - ST - ZIP **GAINESVILLE FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(4), 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:

[Signature]
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.5.95 **904**
Date Date