

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712152 (8)**  
 1. Corporation Name  
**ALACHUA COUNTY MEDICAL SOCIETY, INC.**



Principal Place of Business <b>235 SOUTHWEST SECOND AVENUE GAINESVILLE FL 32601</b>	Mailing Address <b>235 SOUTHWEST SECOND AVENUE GAINESVILLE FL 32601</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/24/1967</b>	3a. Date of Last Report <b>04/10/1995</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1112977</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  <b>DAVENPORT, PEGGY J 235 S W 2ND AVE GAINESVILLE FL 32601</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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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	PD <b>STECHMILLER, BRUCE K</b>	1.1 TITLE	President Elect
NAME	235 S W 2ND AVE	1.2 NAME	Max R. Langham, MD
STREET ADDRESS	GAINESVILLE FL	1.3 STREET ADDRESS	235 S W 2nd Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Gainesville, FL 32601
TITLE	MD <b>LUKOWSKI, MICHAEL J</b>	2.1 TITLE	Vice President
NAME	235 S W 2ND AVE	2.2 NAME	Elayne E. Cassisi, MD
STREET ADDRESS	GAINESVILLE FL	2.3 STREET ADDRESS	235 S W 2nd Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Gainesville, FL 32601
TITLE	TD <b>SHAHAN, JOHN S</b>	3.1 TITLE	Treasurer
NAME	235 S W 2ND AVE	3.2 NAME	Laurie K. Davies, MD
STREET ADDRESS	GAINESVILLE FL	3.3 STREET ADDRESS	235 S W 2nd Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Gainesville, FL 32601
TITLE	MD <b>DAVENPORT, PEGGY J.(EX-D)</b>	4.1 TITLE	Secretary
NAME	235 S W 2ND AVE	4.2 NAME	Daniel G. Maico, MD
STREET ADDRESS	GAINESVILLE FL	4.3 STREET ADDRESS	235 S W 2nd Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Gainesville, FL 32601
TITLE	SD <b>LANGHAM, MAX R</b>	5.1 TITLE	
NAME	235 SW 2ND AVE	5.2 NAME	
STREET ADDRESS	GAINESVILLE FL	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 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: *Peggy J. Davenport* 4/30/96 352-376-0715  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)