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Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712152 (8)

1. Corporation Name

ALACHUA COUNTY MEDICAL SOCIETY, INC.



Principal Place of Business

Mailing Address

235 SOUTHWEST SECOND AVENUE
GAINESVILLE FL 32601235 SOUTHWEST SECOND AVENUE
GAINESVILLE FL 32601-62563. Date Incorporated or Qualified
01/24/19673a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

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

Crowley, Susan S

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

235 SW 2nd Ave

83

84 City

Gainesville FL 32601

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

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

(NOTE: Registered Agent signature required when reinstating)

3/20/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STECHMILLER, BRUCE K	
STREET ADDRESS	235 S W 2ND AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LUKOWSKI, MICHAEL J	
STREET ADDRESS	235 S W 2ND AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHAHAN, JOHN S	
STREET ADDRESS	235 S W 2ND AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	DAVENPORT, PEGGY J.(EX-D)	
STREET ADDRESS	235 S W 2ND AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PE	<input type="checkbox"/> DELETE
NAME	LANGHAM, MAX R	
STREET ADDRESS	235 SW 2ND AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CASSISI, ELAYNE E MD	
STREET ADDRESS	235 SW 2ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	

1.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAICO, DANIEL G MD	
1.3 STREET ADDRESS	235 SW 2ND AVE	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAVIES, LAURIE K. MD	
3.3 STREET ADDRESS	235 SW 2ND AVE	
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
4.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CROWLEY, SUSAN S.	
4.3 STREET ADDRESS	235 SW 2ND AVE	
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *0010506

3/20/97 (352)376-0715

CR2E037 (9/96)