

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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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3. Date Incorporated or Qualified <b>01/24/1967</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1112977</b>	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORLEY, SUSAN S. 235 S W 2ND AVE GAINESVILLE FL 32601</b> <i>Crowley</i>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD</b>
STREET ADDRESS	<b>MAICO, DANIEL G.</b>
CITY-ST-ZIP	<b>235 S W 2ND AVE GAINESVILLE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>P</b>
STREET ADDRESS	<b>LUKOWSKI, MICHAEL J</b>
CITY-ST-ZIP	<b>235 S W 2ND AVE GAINESVILLE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>TD</b>
STREET ADDRESS	<b>DAVIES, LAURIE K. MD</b>
CITY-ST-ZIP	<b>235 S W 2ND AVE GAINESVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>MS</b>
STREET ADDRESS	<b>CROWLEY, SUSAN S.</b>
CITY-ST-ZIP	<b>235 S W 2ND AVE GAINESVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PE</b>
STREET ADDRESS	<b>LANGHAM, MAX R</b>
CITY-ST-ZIP	<b>235 SW 2ND AVE GAINESVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP</b>
STREET ADDRESS	<b>CASSISI, ELAYNE E MD</b>
CITY-ST-ZIP	<b>235 SW 2ND AVENUE GAINESVILLE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD</b>
2.3 STREET ADDRESS	<b>DAVID PAULUS, MD.</b>
2.4 CITY-ST-ZIP	<b>235 SW 2ND AVE GAINESVILLE, FL 32601</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TD</b>
3.3 STREET ADDRESS	<b>GEORGE BENCHIMOL, MD</b>
3.4 CITY-ST-ZIP	<b>235 SW 2ND AVE GAINESVILLE, FL 32601</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>M</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>P</b>
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 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]* 4/7/98 (352)  
336-0715

CR2E037 (10/97)