

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90251 026 \*\*\*\*61.25

**DOCUMENT # 712152**

1. Corporation Name

**ALACHUA COUNTY MEDICAL SOCIETY, INC.**

538358 - 90251 - 26

Principal Place of Business

**235 SOUTHWEST SECOND AVENUE  
GAINESVILLE FL 32601**

Mailing Address

**235 SOUTHWEST SECOND AVENUE  
GAINESVILLE FL 32601**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

3. Date Incorporated or Qualified

**01/24/1967**

4. FEI Number

**59-1112977**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**CROWLEY, SUSAN S  
235 S W 2ND AVE  
GAINESVILLE FL 32601**

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

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 **SD** ☐ DELETE

NAME **MAICO, DANIEL G.**  
STREET ADDRESS **235 S W 2ND AVE**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VD** ☐ DELETE

NAME **PAULUS, DAVID MD**  
STREET ADDRESS **235 SW 2ND NE**  
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **TD** ☒ DELETE

NAME **BENCHIMOL, GEORGE MD**  
STREET ADDRESS **235 S W 2ND AVE**  
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **M** ☐ DELETE

NAME **CROWLEY, SUSAN S.**  
STREET ADDRESS **235 S W 2ND AVE**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **P** ☒ DELETE

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

TITLE **VP** ☐ DELETE

NAME **CASSISI, ELAYNE E MD**  
STREET ADDRESS **235 SW 2ND AVENUE**  
CITY-ST-ZIP **GAINESVILLE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

## Additional ACMS Board of Directors

538358-90251-26  
7/21/52

Name	Address
Benchimol, George, M.D.	235 S.W. 2nd Ave Gainesville, FL 32601
Berk, James, M.D.	235 S.W. 2nd Ave Gainesville, FL 32601
Bush, Clinton, M.D.	235 S.W. 2nd Ave Gainesville, FL 32601
Cauthen, Joseph, M.D.	235 S.W. 2nd Ave Gainesville, FL 32601
Evenson, Laurie, M.D. (Resident Member)	235 S.W. 2nd Ave Gainesville, FL 32601
Grinenko, Dawn, M.D.	235 S.W. 2nd Ave Gainesville, FL 32601
Vipul Thakkar (Student Member)	235 S.W. 2nd Ave Gainesville, FL 32601
Kitchens, Craig, M.D.	235 S.W. 2nd Ave Gainesville, FL 32601
Langham, Max, M.D.	235 S.W. 2nd Ave Gainesville, FL 32601
Longley, Selden, M.D.	235 S.W. 2nd Ave Gainesville, FL 32601
Lukowski, Michael, M.D.	235 S.W. 2nd Ave Gainesville, FL 32601
Montrichard, May, M.D.	235 S.W. 2nd Ave Gainesville, FL 32601
McDonald, Anthony, M.D.	235 S.W. 2nd Ave Gainesville, FL 32601
Shahan, John, M.D.	235 S.W. 2nd Ave Gainesville, FL 32601
Smith, Larry, M.D.	235 S.W. 2nd Ave Gainesville, FL 32601
Stechmiller, Bruce, M.D.	235 S.W. 2nd Ave Gainesville, FL 32601
Worthington, Nancy, M.D.	235 S.W. 2nd Ave Gainesville, FL 32601
Bartley, Cherise	235 S.W. 2nd Ave Gainesville, FL 32601
Schiebler, Gerold, M.D.	235 S.W. 2nd Ave Gainesville, FL 32601