

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712152

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1112977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MAICO, DANIEL G. 235 S W 2ND AVE GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAULUS, DAVID MD 235 SW 2ND NE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GESSNER, IRA MD 235 SW 29 AVE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M CROWLEY, SUSAN S. 235 S W 2ND AVE GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HARRIS, KAREN 235 SW 2ND AVE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

FILED  
Feb 14, 2001 8:00 am  
Secretary of State

02-14-2001 90002 026 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)