

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712152

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: ALACHUA COUNTY MEDICAL SOCIETY, INC.

**Current Principal Place of Business:**

235 SOUTHWEST SECOND AVENUE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

235 SOUTHWEST SECOND AVENUE  
GAINESVILLE, FL 32601

**New Mailing Address:**

FEI Number: 59-1112977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: LONGLEY, SELDEN MD  
Address: 235 S W 2ND AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: TD ( ) Delete  
Name: BURTON, JOHN MD  
Address: 235 SW 2ND AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: M ( ) Delete  
Name: CROWLEY, SUSAN S.  
Address: 235 S W 2ND AVE  
City-St-Zip: GAINESVILLE, FL

Title: VD ( ) Delete  
Name: FLYNN, TIMOTHY  
Address: 235 SW 2ND AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: PD ( ) Delete  
Name: CARTER, CAROLYN MD  
Address: 235 SW 2ND AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: SD ( ) Delete  
Name: BEAVER, THOMAS MD  
Address: 235 SW 2ND AVE  
City-St-Zip: GAINESVILLE, FL 32601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN S. CROWLEY

M

01/06/2005

Electronic Signature of Signing Officer or Director

Date