


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90241 032 \*\*\*\*61.25

<b>DOCUMENT # 712152</b> 1. Entity Name <b>ALACHUA COUNTY MEDICAL SOCIETY, INC.</b>					
Principal Place of Business <b>235 SOUTHWEST SECOND AVENUE GAINESVILLE, FL 32601</b>				Mailing Address <b>235 SOUTHWEST SECOND AVENUE GAINESVILLE, FL 32601</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CROWLEY, SUSAN S</b> <b>235 S W 2ND AVE</b> <b>GAINESVILLE, FL 32601</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONGLEY, SELDEN MD		NAME	Charles Riggs, MD	
STREET ADDRESS	235 S W 2ND AVE		STREET ADDRESS	235 SW 2nd Ave	
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, JOHN MD		NAME		
STREET ADDRESS	235 SW 2ND AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWLEY, SUSAN S.		NAME		
STREET ADDRESS	235 S W 2ND AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, TIMOTHY		NAME		
STREET ADDRESS	235 SW 2ND AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, CAROLYN MD		NAME		
STREET ADDRESS	235 SW 2ND AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEAVER, THOMAS MD		NAME	Caroline Rains, MD	
STREET ADDRESS	235 SW 2ND AVE		STREET ADDRESS	235 SW 2nd Ave	
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP	Gainesville, FL 32601	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/12/06 352 376 0715 <small>Date Daytime Phone #</small>		