## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 09, 2008 8:00 am Secretary of State

| DOCUMENT # 712152  1. Entity Name ALACHUA COUNTY MEDICAL SOCIETY, INC.   |   |  |                     |                                 |  |  | 06-09-2008 9   | 90001 007   | ****61.2   | 5                                   |  |
|--|---|--|---------------------|---------------------------------|--|--|--|---|--|-------------------------------------|--|
| Principal Place of Business 235 SOUTHWEST SECOND AVENUE GAINESVILLE, FL 32601  Aailing Address 235 SOUTHWEST SECO GAINESVILLE, FL 3260   |   |  |                     |                                 |  | NUE  |  |   |  |                                     |  |
| Principal Place of Business - No P.O. Box # :  |   |  |                     | 3. Mailing Address              |  |  |  |   | (1)  |                                     |  |
| Suite, Apt. #, etc.  |   |  | Suite, Apt. #, etc. |                                 |  |  | 06042008   | Chg-NP  | CPSEO  | 37 (12/06)                          |  |
| City & State   |   |  | City & State        |                                 |  |  | 4. FEI Number  |   | OIZEO  |                                     | plied For                                      |
|  |   |  | Zip Countr          |                                 |  | nto:   | 59-1112  |   |  | No                                  | t Applicable                                   |
| Zip  | Zip Country   |  | <u> </u>            |                                 |  |  |  | of Status Desired   |  | \$8.75 Add<br>Fee Required          |  |
| <u> </u>   | 6. Name   | and Address of Current   | Registered          | Agent                           |  | Name   | 7. Name and a  | Address of New  | Registered A   |                                     |  |
| CROWLEY, SUSAN S   |   |  |                     |                                 |  | $\mathcal{I}$  | ally J   | Lawr  |  | th.                                 | $\overline{\mathcal{D}}$ .                     |
| 235 S W 2ND AVE<br>GAINESVILLE, FL 32601   |   |  |                     |                                 |  | Street Addres  | ss (RO. Box Number   | 35 51   | <u> </u>   | 9 <u> </u>                          | 2  |
|  |   |  |                     |                                 |  | Cin  |  | <u> </u>  |  | 7 Cod                               |  |
|  |   |  |                     |                                 |  |  | Sainesville FL 32601   |   |  |                                     |  |
| 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 Signature, typed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |   |  |                     |                                 |  |  |  |   |  |                                     |  |
| Filing Fee is \$61.25<br>Due by September 12, 2008   |   |  |                     |                                 |  |  |  |   |  |                                     |  |
| D  | _   |  |                     | 9. Election Car<br>Trust Fund ( |  | · ·  | \$5.00 May Be<br>Added to Fees   |   | Make check<br>orida Depar  |                                     |  |
| 10.  | ue by Se  |  | RECTORS             | Trust Fund (                    | Contribut  | ion.   | Added to Fees ADDITIONS/CHA  | Flo   | orida Depar  | tment of SI                         | 10   |
| 10.  | DR  | OFFICERS AND DI  | RECTORS             |                                 | 11.  | ion.   | Added to Fees  ADDITIONS/CHA   | NGES TO OFFIC   | DERS AND DIF   | tment of SI<br>RECTORS IN<br>Change | 10 Addition                                    |
| 10.  | DR  | OFFICERS AND DI  | RECTORS             | Trust Fund (                    | 11. TITLI  | ion.   | Added to Fees  ADDITIONS/CHA   | NGES TO OFFIC   | erida Depar<br>ERS AND DIF<br>SOへ し  | TECTORS IN Change                   | 10 Addition                                    |
| 10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DR<br>RIGGS, C<br>235 SW 2<br>GAINESV   | OFFICERS AND DI  | RECTORS             | Trust Fund (                    | 11. TITLI NAM  | ion.   | Added to Fees  ADDITIONS/CHA   | NGES TO OFFIC   | erida Depar<br>ERS AND DIF<br>SOへ し  | TECTORS IN Change                   | 10 Addition                                    |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | DR<br>RIGGS, C<br>235 SW 2<br>GAINESV<br>DR   | OFFICERS AND DII CHARLES MD RND AVE //ILLE, FL 32601   | RECTORS             | Trust Fund (                    | 11. TITLE NAM STRE   | E ET ADDRESS ST-ZIP  | Added to Fees  ADDITIONS/CHA  P.  ASENDE  35 542  ANDESUTY   | FIGURES TO OFFICE   | SON J.   | TECTORS IN Change                   | 10 Addition                                    |
| 10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DR<br>RIGGS, C<br>235 SW 2<br>GAINESV<br>DR   | OFFICERS AND DIE<br>CHARLES MD<br>2ND AVE<br>VILLE, FL 32601   | RECTORS             | Trust Fund (                    | 11. TITLI NAM STRE CITY TITLI NAM  | E ET ADDRESS ST-ZIP  | Added to Fees  ADDITIONS/CHA  ADDITI | Flowing Standard  | SON J. AUE. 324  | TECTORS IN Change                   | 10 Addition                                    |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | DR RIGGS, C 235 SW 2 GAINESV DR BURTON 235 SW 2 GAINESV   | OFFICERS AND DIE<br>CHARLES MD<br>2ND AVE<br>VILLE, FL 32601   | RECTORS             | Trust Fund (                    | 11. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY  | ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP E ET ADDRESS   | Added to Fees  ADDITIONS/CHA  ADDITI | Floundes to Office<br>Projection of the<br>Projection  | SON J. AUE. 324  | tment of St<br>RECTORS IN<br>Change | 10 Addition                                    |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | DR RIGGS, C 235 SW 2 GAINESV DR BURTON 235 SW 2 GAINESV   | OFFICERS AND DIE<br>CHARLES MD<br>PND AVE<br>VILLE, FL 32601<br>I, JOHN MD<br>PND AVE<br>VILLE, FL 32601   | RECTORS             | Trust Fund (                    | 11. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM TITLI NAM TITLI TITLI TITLI TITLI TITLI TITLI  | E E ET ADDRESS ET ADDRESS ST. ZIP E ST. ZIP E E ST. ZIP E E ST. ZIP E E E E E E E E E E E E E E E E E E E  | Added to Fees  ADDITIONS/CHA  ADDITI | Floundes to Office<br>of Janda<br>of And<br>office<br>ond office<br>fes.  | SON J.<br>J. AUE<br>J. AUE<br>J. AUE<br>J. AUE<br>J. AUE<br>J. AUE<br>J. AUE<br>J. AUE | TECTORS IN Change                   | 10 Addition                                    |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | DR RIGGS, C 235 SW 2 GAINESV DR BURTON 235 SW 2 GAINESV MS CROWLE   | OFFICERS AND DIE<br>CHARLES MD<br>2ND AVE<br>VILLE, FL 32601<br>I, JOHN MD<br>2ND AVE  | RECTORS             | Trust Fund (                    | 11. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY  | E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS   | Added to Fees  ADDITIONS/CHA  P  ADDITIONS/CHA  ADD | HIGES TO OFFICE<br>PORT OFFICE<br>PORT OFFICE<br>PORT OFFICE<br>PORT OFFICE<br>PORT OFFI<br>PORT OFFI<br>PO | SON J.  SON J.  AUE  326  326  | Change                              | 10 Addition                                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | DR RIGGS, C 235 SW 2 GAINESV DR BURTON 235 SW 2 GAINESV MS CROWLE 235 S W GAINESV   | OFFICERS AND DIE CHARLES MD CHARL | RECTORS             | Trust Fund (                    | 11. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE   | E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS   | Added to Fees  ADDITIONS/CHA  ADDITI | HIGES TO OFFICE<br>PORT OFFICE<br>PORT OFFICE<br>PORT OFFICE<br>PORT OFFICE<br>PORT OFFI<br>PORT OFFI<br>PO | SON J.  SON J.  AUE  326  326  | Change                              | 10 Addition                                    |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | DR RIGGS, C 235 SW 2 GAINESV DR BURTON 235 SW 2 GAINESV MS CROWLE 235 S W GAINESV DR  | OFFICERS AND DIE CHARLES MD CHARL | RECTORS             | Trust Fund (                    | 11. TITLI NAM STRE CITY  | E E T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS S-ST-ZIP ET ADDRESS S-ST-ZIP ET ADDRESS S-ST-ZIP ET ADDRESS S-ST-ZIP   | Added to Fees  ADDITIONS/CHA  P  ADDITIONS/CHA  ADD | HIGES TO OFFICE<br>PORT OFFICE<br>PORT OFFICE<br>PORT OFFICE<br>PORT OFFICE<br>PORT OFFI<br>PORT OFFI<br>PO | SON J.  SON J.  AUE  326  326  | Change                              | 10 Addition                                    |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTACT OF THE NAME STREET ADDRESS CITY-ST-ZIP  | DR RIGGS, C 235 SW 2 GAINESV DR BURTON 235 SW 2 GAINESV MS CROWLE 235 S W GAINESV DR  | OFFICERS AND DIE CHARLES MD CHARL | RECTORS             | Trust Fund (                    | 11. TITLI NAM STRE CITY  | E E T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS S-ST-ZIP ET ADDRESS S-ST-ZIP ET ADDRESS S-ST-ZIP ET ADDRESS S-ST-ZIP   | Added to Fees  ADDITIONS/CHA  P  ADDITIONS/CHA  ADD | HIGES TO OFFICE<br>PORT OFFICE<br>PORT OFFICE<br>PORT OFFICE<br>PORT OFFICE<br>PORT OFFI<br>PORT OFFI<br>PO | SON J.  SON J.  AUE  326  326  | Change Change                       | ate  10 Addition Addition Addition             |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | DR RIGGS, C 235 SW 2 GAINESV DR BURTON 235 SW 2 GAINESV MS CROWLE 235 S W GAINESV DR BEAVER 235 SW 2  | OFFICERS AND DIE CHARLES MD CHARL | RECTORS             | Trust Fund (                    | 11. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE STRE STRE   | E E ET ADDRESS ST-ZIP E E E E T ADDRESS ST-ZIP E E ST-ZIP E E ST-ZIP E E ST-ZIP E E E E E E E E E E E E E E E E E E E  | Added to Fees  ADDITIONS/CHA  P  ADDITIONS/CHA  ADD | HIGES TO OFFICE  TO A TO A  A TO A    | SON J.  SON J.  AUE  326  326  | Change  Change  Change              | ate  10 Addition Addition Addition             |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | DR RIGGS, C 235 SW 2 GAINESV DR BURTON 235 SW 2 GAINESV MS CROWLE 235 S W 3 GAINESV DR BEAVER 235 SW 2 GAINESV  | OFFICERS AND DIE CHARLES MD CHARL | RECTORS             | Trust Fund (                    | 11. TITLI NAM STRE CITY  | E E ET ADDRESS ST-ZIP S | Added to Fees  ADDITIONS/CHA  P  COSENDOR  COS | MGES TO OFFICE<br>PORTION OFFICE<br>PORTION OFFICE<br>PORTION OFFI<br>PORTION OFFI  | SON J.  SON J.  AUE  326  326  AUE  336  336  336  336  336                            | Change  Change  Change              | ate  10 Addition Addition Addition             |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DR RIGGS, C 235 SW 2 GAINESV DR BURTON 235 SW 2 GAINESV MS CROWLE 235 S W 3 GAINESV DR BEAVER 235 SW 2 GAINESV  | OFFICERS AND DIE CHARLES MD CHARL | RECTORS             | Trust Fund (                    | TITLI NAM STRE CITY  | E E ET ADDRESS ST-ZIP S | Added to Fees  ADDITIONS/CHA  P  COSENDOR  COS | MGES TO OFFICE<br>PORTION OFFICE<br>PORTION OFFICE<br>PORTION OFFI<br>PORTION OFFI  | SON J.  SON J.  AUE  326  326  AUE  336  336  336  336  336                            | Change  Change  Change              | Addition  Addition  Addition                   |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | DR RIGGS, C 235 SW 2 GAINESV DR BURTON 235 SW 2 GAINESV MS CROWLE 235 S W GAINESV DR BEAVER 235 SW 2 GAINESV DR CATLIN, 235 SW 2  | OFFICERS AND DIE CHARLES MD CHARL | RECTORS             | Trust Fund (                    | TILL NAME STREE CITY TITLE NAME STREE  | E E ET ADDRESS ST-ZIP S | Added to Fees  ADDITIONS/CHA  P  COSENDOR  COS | MGES TO OFFICE<br>PORTION OFFICE<br>PORTION OFFICE<br>PORTION OFFI<br>PORTION OFFI  | SON J.  SON J.  AUE  326  326  AUE  336  336  336  336  336                            | Change  Change  Change              | Addition  Addition  Addition                   |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | DR RIGGS, C 235 SW 2 GAINESV DR BURTON 235 SW 2 GAINESV MS CROWLE 235 S W 2 GAINESV DR BEAVER 235 SW 2 GAINESV DR CATLIN, 235 SW 2 GAINESV  | OFFICERS AND DIE CHARLES MD CHARL | RECTORS             | Trust Fund (                    | TITLI NAM STRE CITY TITLI TI | E E ET ADDRESS -ST-ZIP  | Added to Fees  ADDITIONS/CHA  P  ADDITIONS/CHA  ADD | MGES TO OFFICE<br>PORTION OFFICE<br>PORTION OFFICE<br>PORTION OFFI<br>PORTION OFFI  | SON J.  SON J.  AUE  326  326  AUE  336  336  336  336  336                            | Change  Change  Change              | Addition  Addition  Addition                   |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP       | DR RIGGS, C 235 SW 2 GAINESV DR BURTON 235 SW 2 GAINESV MS CROWLE 235 S W 2 GAINESV DR BEAVER 235 SW 2 GAINESV DR CATLIN, 235 SW 2 GAINESV  | OFFICERS AND DIE CHARLES MD CHARL | RECTORS             | Trust Fund (                    | TITLI NAM STRE CITY  | E E ET ADDRESS -ST-ZIP  | Added to Fees  ADDITIONS/CHA  P  COSENDOR  COS | MGES TO OFFICE<br>PORTION OFFICE<br>PORTION OFFICE<br>PORTION OFFI<br>PORTION OFFI  | SON J.  SON J.  AUE  326  326  AUE  336  336  336  336  336                            | Change  Change  Change              | ade  10 Addition  Addition  Addition  Addition |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                  | DR RIGGS, C 235 SW 2 GAINESV DR BURTON 235 SW 2 GAINESV MS CROWLE 235 S W 2 GAINESV DR BEAVER 235 SW 2 GAINESV DR CATLIN, 235 SW 2 GAINESV DR CATLIN, 235 SW 2 | OFFICERS AND DIE CHARLES MD CHARL | RECTORS             | Trust Fund (                    | TITLI NAM STRE CITY  | E E ET ADDRESS -ST-ZIP E E ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E   | Added to Fees  ADDITIONS/CHA  P  COSENDOR  COS | MGES TO OFFICE<br>PORTION OFFICE<br>PORTION OFFICE<br>PORTION OFFI<br>PORTION OFFI  | SON J.  SON J.  AUE  326  326  AUE  336  336  336  336  336                            | Change  Change  Change              | addition Addition Addition Addition Addition   |

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.

SIGNATURE:

SIGNATURE AND TYPER OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

6/3/08 352/376-0715