2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2010
Secretary of State

DOCUMENT# 712152

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:

LAWRENCE, SALLY J PHD
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: P
Name: BEAVER, THOMAS M MD
Address: 235 SW 2 AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: EVP
Name: LAWRENCE, SALLY PHD
Address: 235 S W 2ND AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: VP
Name: PAULY, DANIEL F MD
Address: 235 SW 2ND AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: T
Name: JONES, RONALD MD
Address: 235 SW 2ND AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: S
Name: COGLE, CHRISTOPHER MD
Address: 235 SW 2ND AVE
City-St-Zip: GAINESVILLE, FL 32601

I hereby 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 all other like empowered.

SIGNATURE: SALLY J. LAWRENCE EVP 01/11/2010

Electronic Signature of Signing Officer or Director Date