

2006 'NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90219 029 ****61.25

DOCUMENT # 720297

1. Entity Name

GROWTH PUBLISHING CO., INC.



Principal Place of Business

18 LOOKOUT POINT RD
HULLS COVE ME 04644
US

Mailing Address

PO BOX 205
HULLS COVE ME 04644
US

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

23-7126780

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

SCARPACE, PHILIP
VA MEDICAL CENTER (T82)
GAINESVILLE FL 32602

Box 100267
Univer. of Florida

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE STD ☐ Delete
NAME HARRISON, PATRICIA J.
STREET ADDRESS 18 LOOKOUT POINT RD
CITY-ST-ZIP HULLS COVE ME 04644

TITLE VD ☐ Delete
NAME HERRING, SUSAN W.
STREET ADDRESS 7557-35TH AVENUE, NE
CITY-ST-ZIP SEATTLE, WA 98115

TITLE PD ☐ Delete
NAME HARRISON, DAVID E.
STREET ADDRESS JACKSON LAB 600 MAIN ST.
CITY-ST-ZIP BAR HARBOR ME 04609

TITLE D ☐ Delete
NAME ELIAS, MERRILL F.
STREET ADDRESS BEECH HILL RD.
CITY-ST-ZIP SOMESVILLE ME 04660

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Patricia J. Harrison

Patricia J. Harrison

Apr. 23 2006 207-288-3533

ATTACHMENT

40081646
#720297

From: "SCARPACE, PHIL JAMES" <scarpac@ufl.edu>
Subject: Registered agent in Florida
Date: March 26, 2006 1:28:11 PM EST
To: tricia.harrison@jax.org

Dear Mrs. Harrison:

Whereas it is true that I have left (retired) from the VA, I am still working full time for the University and expect to do so for quite some time. I have no idea what the Registered Agent does. (As far as I remember, I have not done anything) David asked me to be that person many years ago, and if you want me to continue that is fine. If you no longer need such a person, that is fine also.

Sincerely,

Philip Scarpac

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SCARPACE, PHIL JAMES
Professor, Pharmacology
University of Florida



UNIVERSITY OF
FLORIDA

College of Medicine
Department of Pharmacology and Therapeutics

PO Box 100267
Gainesville, Florida 32610-0267
Phone: (352) 392-3541
Fax: (352) 392-9696

Philip J. Scarpac, PhD
Professor, Dept of Pharmacology
Box 100267
University of Florida
Gainesville, FL 32610
352-392-8435