


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morcom Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730300 (1)
1. Corporation Name
NORTH FLORIDA REGIONAL MEDICAL FOUNDATION, INC.



Principal Place of Business C/O W HENRY BARBER, JR. P.O. BOX 850 GAINESVILLE FL 32602	Mailing Address C/O W HENRY BARBER, JR. P.O. BOX 850 GAINESVILLE FL 32602-0850
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1974	3a. Date of Last Report 01/31/1996
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 23-7425611		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

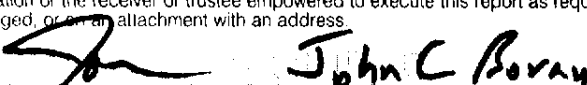
9. Name and Address of Current Registered Agent BARBER, W. HENRY, JR. 203 NE 1ST STREET GAINESVILLE FLORIDA FL		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRESHAM, W. MARVIN	1.2 NAME	
STREET ADDRESS	3246 S.W. 35TH BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, DEAN C.	2.2 NAME	
STREET ADDRESS	6628 N.W. 9TH BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, W. HENRY, JR.	3.2 NAME	
STREET ADDRESS	203 N.E. FIRST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOVAY, JOHN C.	4.2 NAME	
STREET ADDRESS	633 NW 8TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, RICHARD W.	5.2 NAME	
STREET ADDRESS	1130 NW 6TH TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUTHEN, JOSEPH C.	6.2 NAME	
STREET ADDRESS	6510 9TH BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **John C Bovay** 1/14/97 352-372-5358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010876

CR2E037 (9/96)