

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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	Mailing Address
C/O W HENRY BARBER, JR. P.O. BOX 850 GAINESVILLE FL 32602	C/O W HENRY BARBER, JR. P.O. BOX 850 GAINESVILLE FL 32602

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 07/29/1974	Applied For Not Applicable
4. FEI Number 23-7425611	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBER, W. HENRY, JR.
203 NE 1ST STREET
GAINESVILLE FLORIDA FL

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

Signature typed in plain text of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRESHAM, W. MARVIN	
STREET ADDRESS	3246 S.W. 35TH BLVD.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAMER, DEAN C.	
STREET ADDRESS	6628 N.W. 9TH BLVD.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARBER, W. HENRY, JR.	
STREET ADDRESS	203 N.E. FIRST STREET	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOVAY, JOHN C.	
STREET ADDRESS	633 NW 8TH AVE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, RICHARD W.	
STREET ADDRESS	1130 NW 6TH TERR.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAUTHEN, JOSEPH C.	
STREET ADDRESS	6510 9TH BLVD.	
CITY - ST - ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I 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

2/13/98

352 372 5358

CR2E037 (10/97)