


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90087 037 ****70.00

DOCUMENT # 733913 1. Entity Name UNIVERSITY OF FLORIDA MEDICAL GUILD OF GAINESVILLE, FLORIDA, INCORPORATED					
Principal Place of Business P.O. BOX 100215 GAINESVILLE, FL 32601 US			Mailing Address P.O. BOX 100215 GAINESVILLE, FL 32601 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 51-0153878	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RIGGS, CHRISTINE 5025 NW 51ST. PLACE GAINESVILLE, FL 32606-4310				7. Name and Address of New Registered Agent Name Kem, Carol R. Street Address (P.O. Box Number is Not Acceptable) 1809 NW 47th Street City Gainesville FL Zip Code 32605-3454	
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 <u>Carol R. Kem [Carol R. Kem]</u> <u>04/08/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIGGS, CHRISTINE 5025 NW 51ST. PLACE GAINESVILLE, FL 326064310	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President LYNN New man 214 N.E. 9th Avenue Gainesville, FL 32601-4377	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PANE, CAMMY 8701 SW 46TH LANE GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Seagle, Kathryn 2820 NW 5th Court Gainesville, FL 32607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYNCH, LAURA 5706 NW 55TH LANE GAINESVILLE, FL 326533234	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Melvin, Shelley 4703 NW 95th Blvd. Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUCCHIARELLI, LYNDIA 16022 SW 48TH PLACE GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sriram, Neeta 8840 SW 45th Blvd. Gainesville, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEM, CAROL 1809 NW 47TH ST. GAINESVILLE, FL 326053454	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: Carol R. Kem [Carol R. Kem] 04/08/05 352-378-9491 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					