

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733913

FILED
Apr 26, 2006
Secretary of State

Entity Name: UNIVERSITY OF FLORIDA MEDICAL GUILD OF GAINESVILLE, FLORIDA, INCORPORATED

Current Principal Place of Business:

P.O. BOX 100215
GAINESVILLE, FL 32601 US

New Principal Place of Business:

P.O. BOX 100215
GAINESVILLE, FL 32610 US

Current Mailing Address:

P.O. BOX 100215
GAINESVILLE, FL 32601 US

New Mailing Address:

P.O. BOX 100215
GAINESVILLE, FL 32610 US

FEI Number: 51-0153878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEM, CAROL R.
1809 NW 47TH STREET
GAINESVILLE, FL 32605 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 () Delete
Name: NEWMAN, LYNN
Address: 214 NE 9TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: VP () Delete
Name: SEAGLE, KATHRYN
Address: 2820 NW 5TH COUURT
City-St-Zip: GAINESVILLE, FL 32607

Title: S () Delete
Name: MELVIN, SHELLEY
Address: 4703 NE 9TH BLVD.
City-St-Zip: GAINESVILLE, FL 32606

Title: S () Delete
Name: SRIRAM, NEETA
Address: 8840 SW 45TH BLVD
City-St-Zip: GAINESVILLE, FL 32608

Title: TD () Delete
Name: KEM, CAROL
Address: 1809 NW 47TH ST.
City-St-Zip: GAINESVILLE, FL 326053454

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEWMAN, LYNN
Address: 8436 SW 77TH AVENUE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: VP (X) Change () Addition
Name: SEAGLE, KATHRYN
Address: 2820 NW 5TH COUURT
City-St-Zip: GAINESVILLE, FL 32607 US

Title: S (X) Change () Addition
Name: MELVIN, SHELLEY
Address: 4703 NE 9TH BLVD.
City-St-Zip: GAINESVILLE, FL 32606 US

Title: S (X) Change () Addition
Name: SRIRAM, NEETA
Address: 8840 SW 45TH BLVD
City-St-Zip: GAINESVILLE, FL 32608 US

Title: TR (X) Change () Addition
Name: KEM, CAROL R
Address: 1809 NW 47TH ST.
City-St-Zip: GAINESVILLE, FL 32605 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROL R. KEM

TR

04/26/2006

Electronic Signature of Signing Officer or Director

Date