

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733913

FILED  
Apr 25, 2007  
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 32610 US

**New Principal Place of Business:**

1809 NW 47TH STREET  
GAINESVILLE, FL 32605 US

**Current Mailing Address:**

P.O. BOX 100215  
GAINESVILLE, FL 32610 US

**New Mailing Address:**

**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:**

KEM, CAROL R T  
1809 NW 47TH STREET  
GAINESVILLE, FL 32605 US

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: CAROL R. KEM

04/25/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

T

04/25/2007

Electronic Signature of Signing Officer or Director

Date