

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733913

FILED
Jan 20, 2009
Secretary of State

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

Current Principal Place of Business:

1809 NW 47TH STREET
GAINESVILLE, FL 32605 US

New Principal Place of Business:

1422 SW 107TH DRIVE
GAINESVILLE, FL 32607 US

Current Mailing Address:

P.O. BOX 100215
GAINESVILLE, FL 32610 US

New Mailing Address:

1422 SW 107TH DRIVE
GAINESVILLE, FL 32607 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 T
1809 NW 47TH STREET
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

POSTOAK, JENNIFER K
1422 SW 107TH DRIVE
GAINESVILLE, FL 32607 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: JENNIFER POSTOAK

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: VP () Delete
Name: NELSON, JANICE
Address: 3520 SW 87TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: S (X) Delete
Name: LYNCH, LAURA
Address: 3821 SW 78TH ST.
City-St-Zip: GAINESVILLE, FL 32608 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: POSTOAK, JENNIFER
Address: 1422 SW 107TH DRIVE
City-St-Zip: GAINESVILLE, FL 32607 US

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: JENNIFER POSTOAK

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date