## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 09, 2008 8:00 am Secretary of State

DOCUMENT # 743073  1. Entity Name ALACHUA COUNTY MEDICAL ALLIANCE, INCORPORATED								06-09-2008	3 90001 005	5 ****61.2	.5	
Principal Place of Business 235 SW 2ND AVE GAINESVILLE, FL 32601  Mailing Address 235 SW 2ND AVE GAINESVILLE, FL 32601					· <del>· I</del>				44 IVII 21211 41211 A			
Principal Place of Business - No P.O. Box #												
Suite, Apt. #, etc. Suite, a				te, Apt. #, etc.			06042008	Chg-NP	CB3E0	37 (12/06)		
City & State	е		City & State	City & State			4. FEI Numbe	er	O/ZEO		plied For	
Zip Country			Zip	ountry	59-6206000 Not Applicab  5. Certificate of Status Desired \$8.75 Additional							
				·					Fee Require			
6. Name and Address of Current Registered Agent					Name :	7. Name and Address of New Registered Agent						
CROWLEY, SUSAN					Cironi Art		P.O. Box Number			1- 7	PD	
235 SW 2N GAINSEVI		32601				Juless (F		s is Not Accep	Sug	Ave	<u>-</u>	
					City			<del></del>		Zip Code		
						nesull	<u>~</u>	FL	<u>- I 3a</u>	601		
8. The above the obligat	named entitions of regist	y submits this statement fo tered agent.	or the purpose of chang	ing its registe	ered office or r	registere	ed agent, or bot	h, in the State of	of Florida. I am	familiar with,	and accept	
In all												
SIGNATURE Signature, Mod or printed native of inclusional agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
			ени ние и арумстию.	(NOTE: Negister	red Agent agnature	e tedoseo	muser (Allerotrich)		DAIE	•		
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10.	Filing Fe ue by Sep	e is \$61.25	9. Electic Trust I	on Campaign Fund Contribu	Financing ution.		<b>\$5.00</b> May B		Florida Depa	rtment of SI	ate 10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SKINATURE AND THED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/03/08 352/376-071