

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743073

FILED
Mar 27, 2009
Secretary of State

Entity Name: ALACHUA COUNTY MEDICAL ALLIANCE, INCORPORATED

Current Principal Place of Business:

235 SW 2ND AVE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

235 SW 2ND AVE
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-6206000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE, SALLY PHD
235 SW 2ND AVE
GAINSEVILLE, FL 32601 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: FURLOW, LIBBY
Address: 3001 NW 28 TER
City-St-Zip: GAINESVILLE, FL 32605

Title: V () Delete
Name: CATLIN, CINDI
Address: 5556 SW 37 LN
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: MCDONALD, RENEE
Address: 1945 NW 30 TER
City-St-Zip: GAINESVILLE, FL 32605

Title: SD () Delete
Name: SCOTT, JENNIFER
Address: P O BOX 140764
City-St-Zip: GAINESVILLE, FL 32614

Title: T () Delete
Name: BRASHEAR, GLENNA
Address: 1520 NW 25TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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: SALLY J. LAWRENCE

EVP

03/27/2009

Electronic Signature of Signing Officer or Director

Date