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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 FEB -7 PM 4:32

DOCUMENT # 745792 (2)

1. Corporation Name
FRIENDS OF RMH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1600 SW 14TH ST.<br>GAINESVILLE FL 32608 | 1600 SW 14TH ST.<br>GAINESVILLE FL 32608 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1979
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1887896 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

FINGER, DR. KENNETH
JHMHC, J. HILLIS MILLER HEALTH CENTER
BOX J-14, UNIVERSITY OF FLORIDA
GAINESVILLE FL 32610

10. Name and Address of New Registered Agent

81 Name: GERALD R. KIDNEY, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 5731 NW 31 ST TERRACE
83
84 City: GAINESVILLE FL 85 Zip Code: 32653

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 1/31/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | TD | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | KIDNEY, GERALD R. | 1.2 NAME | |
| STREET ADDRESS | 5731 NW 31 TERR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE, FL 00000 | 1.4 CITY-ST-ZIP | (ZIP) 32653 |
| TITLE | ED | 2.1 TITLE | MD ☐ Change ☒ Addition |
| NAME | SIDMAN, MARGARET | 2.2 NAME | PATRICIA A. FOUTS |
| STREET ADDRESS | 3940 N.W. 25TH CR. | 2.3 STREET ADDRESS | 5200 NW 43 rd St. #102 |
| CITY-ST-ZIP | GAINESVILLE, FL. 0 | 2.4 CITY-ST-ZIP | GAINESVILLE, FL 32606 |
| TITLE | P | 3.1 TITLE | ☒ Change ☐ Addition |
| NAME | GIUNTA, MAURICE | 3.2 NAME | |
| STREET ADDRESS | 923 SW 98 STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE, FL 00000 | 3.4 CITY-ST-ZIP | (ZIP) 32607 |
| TITLE | VD | 4.1 TITLE | ☒ Change ☐ Addition |
| NAME | BROCHU, JOHN | 4.2 NAME | |
| STREET ADDRESS | 8124 SW 42 AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL | 4.4 CITY-ST-ZIP | (ZIP) 32608 |
| TITLE | D | 5.1 TITLE | SD ☐ Change ☒ Addition |
| NAME | SCHIEBLER, AUDREY | 5.2 NAME | CAROLE OGLESBY |
| STREET ADDRESS | 2115 N.W. 15TH AVE. | 5.3 STREET ADDRESS | 1503 SE 69 th WAY |
| CITY-ST-ZIP | GAINESVILLE, FL. 0 | 5.4 CITY-ST-ZIP | GAINESVILLE, FL 32601 |
| TITLE | VD | 6.1 TITLE | D ☐ Change ☒ Addition |
| NAME | RAFF, MARSHALL | 6.2 NAME | Tim V. HARRIS |
| STREET ADDRESS | 2202 N.W. 12TH ST. | 6.3 STREET ADDRESS | 6401 NW 23rd Ave. |
| CITY-ST-ZIP | GAINESVILLE FL | 6.4 CITY-ST-ZIP | GAINESVILLE, FL 32606 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/31/95 904-395-8048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000077A