SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10: 11

DOCUMENT # **750640** **(5)**

1. Corporation Name
J. HILLIS MILLER HEALTH CENTER GIFT SHOP, INC.

Principal Place of Business	Mailing Address
BOX 100351 TEACHING HOSPITAL & CLINICS GAINESVILLE FL 32611-2001 US	BOX 100351 TEACHING HOSPITAL & CLINICS GAINESVILLE FL 32611-2001 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1984077 ☐ 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 ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

BUSS, SHARON
3702 SW 82ND ST
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name: Sandy Berger
82 Street Address (P.O. Box Number is Not Acceptable): 9946 S.W. 19th Lane
83 Gainesville, Florida 32607
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Sandy Berger SANDY BERGER — DATE: 6-9-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BUSS, SHARON	12 NAME	Lorie Primosch	
STREET ADDRESS	3702 SW 82 ST	13 STREET ADDRESS	2432 NW 13th Place	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	Gainesville, Florida 32605	☐ Change ☒ Addition
TITLE	VD	21 TITLE	VP	
NAME	PRIMOSCH, LORIE	22 NAME	Sandy Berger	
STREET ADDRESS	2432 NW 13 PL	23 STREET ADDRESS	9946 S.W. 19th Lane	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	Gainesville, Florida 32607	☐ Change ☐ Addition
TITLE	SD	31 TITLE		
NAME	HAMMER, BEVERLY	32 NAME		
STREET ADDRESS	4909 NW 18 PL	33 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	TD	41 TITLE	TD	
NAME	BOYCE, WANDA	42 NAME	Beverly Gronwall	
STREET ADDRESS	6800 N.W. 4TH PLACE	43 STREET ADDRESS	637 N.W. 84th Street	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	Gainesville, Florida 32607	☐ Change ☒ Addition
TITLE	TD	51 TITLE	D	
NAME	BUSS, SHARON	52 NAME	JoElla Harris	
STREET ADDRESS	3702 S.W. 82ND STREET	53 STREET ADDRESS	5401 NW. 91 Blvd.	
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	Gainesville, Florida 32606	☒ Change ☐ Addition
TITLE	VD	61 TITLE	D	
NAME	FRIEDRICH, MARTIE	62 NAME	Martie Friedrich	
STREET ADDRESS	1045 NW 41ST DR.	63 STREET ADDRESS	1045 N.W. 41st Drive	
CITY-ST-ZIP	GAINESVILLE, FL 00000	64 CITY-ST-ZIP	Gainesville, Florida 32605	

CR2E037 (3/95)

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: Sandy Berger SANDY BERGER — 6/9/95 — 904 332 6519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000311