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NONPROFIT CORPORATION ANNUAL REPORT

1997

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

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 32610-0351 US

3. Date Incorporated or Qualified: 01/17/1980
3a. Date of Last Report: 02/12/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BERGER, SANDY
9946 SW 19TH LANE
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name: EVANS, HELEN
82 Street Address (P.O. Box Number is Not Acceptable): BOX 61
83: 21004 N.E. 117th Ave
84 City: EARLETON FL 85 Zip Code: 32631

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: Helen Evans
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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BERGER, SANDY		1.2 NAME	EVANS, HELEN	
STREET ADDRESS	9946 SW 19TH LANE		1.3 STREET ADDRESS	BOX 61	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	EARLETON FL 32631	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	EVANS, HELEN		2.2 NAME	GRONWALL, BEVERLY	
STREET ADDRESS	BOX 61		2.3 STREET ADDRESS	637 NW 84th ST	
CITY-ST-ZIP	EARLETON FL		2.4 CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PRIMOSCH, LORIE		3.2 NAME	SAME	
STREET ADDRESS	2432 NW 13TH PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	GRONWALL, BEVERLY		4.2 NAME	JENNY STREIFF	
STREET ADDRESS	637 NW 84TH ST		4.3 STREET ADDRESS	81 NW 44th ST	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	HARRIS, JOELLA		5.2 NAME	HARRIS, JO ELLA	SAME
STREET ADDRESS	5401 NW 91ST BLVD		5.3 STREET ADDRESS	5401 NW 91ST BLVD	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	FRIEDRICH, MARTIE		6.2 NAME	BERGER, SANDY	Bank
STREET ADDRESS	1045 NW 41ST DR		6.3 STREET ADDRESS	9946 SW 19th LANE	Dep 61.25
CITY-ST-ZIP	GAINESVILLE, FL 00000		6.4 CITY-ST-ZIP	GAINESVILLE FL 32607	

CR2E037 (9/96)

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14. I do hereby certify that the information supplied with this filing 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: Lorie L. Primosch Vice President LORIE L. PRIMOSCH 1/28/97 (352) 392-4305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0011934