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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **750640**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/17/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1984077 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GRONWALL, BEVERLY
637 NW 84TH STREET
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name: Jane K Catalanotto
82 Street Address (P.O. Box Number is Not Acceptable): 8729 SW 61st Ave
83 Gainesville
84 City: FL 85 Zip Code: 32608

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: Jane K Catalanotto 1/22/99
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	D	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	BERGER, SANDY		1.2 NAME	Berger, Sandy	
STREET ADDRESS	9946 SW 19TH LANE		1.3 STREET ADDRESS	9946 SW 19th Lane	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	Gainesville, FL	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	EVANS, HELEN		2.2 NAME	Evans, Helen	
STREET ADDRESS	1723 NW 17 LN		2.3 STREET ADDRESS	1723 NW 17 LN	
CITY-ST-ZIP	GAINESVILLE FL 32605		2.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	VD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	CATALANOTTO, JANE		3.2 NAME	Catalanotto, Jane	
STREET ADDRESS	8729 SW 61 AVE		3.3 STREET ADDRESS	8729 SW 61 Ave.	
CITY-ST-ZIP	GAINESVILLE FL 32608		3.4 CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	PD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	GRONWALL, BEVERLY		4.2 NAME	Gronwall, Beverly	
STREET ADDRESS	637 NW 84TH ST		4.3 STREET ADDRESS	637 NW 84th St.	
CITY-ST-ZIP	GAINESVILLE FL 32607		4.4 CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	SD	☐ DELETE	5.1 TITLE	SD	☐ Change ☐ Addition
NAME	HAMMER, BEVERLY		5.2 NAME	Hammer, Beverly	
STREET ADDRESS	4909 NW 18TH PLACE		5.3 STREET ADDRESS	4909 NW 18th Place	
CITY-ST-ZIP	GAINESVILE FL 32060		5.4 CITY-ST-ZIP	Gainesville, FL 32060	
TITLE	TD	☒ DELETE	6.1 TITLE	TD	☐ Change ☐ Addition
NAME	NEWMAN, LYNN		6.2 NAME	Teddie Clark	
STREET ADDRESS	214 NE 9 AVE		6.3 STREET ADDRESS	1226 NW 23 Terrace	
CITY-ST-ZIP	GAINESVILLE FL 32601		6.4 CITY-ST-ZIP	Gainesville, FL 32605	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Jane K Catalanotto SIGNATURE REQUIRED 1/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #