2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004
Secretary of State

DOCUMENT# 750640

Entity Name: J. HILLIS MILLER HEALTH CENTER GIFT SHOP, INC.

Current Principal Place of Business:

BOX 100351
SHANDS TEACHING HOSPITAL & CLINICS
GAINESVILLE, FL 326100351 US

New Principal Place of Business:

Current Mailing Address:

BOX 100351
SHANDS TEACHING HOSPITAL & CLINICS
GAINESVILLE, FL 326100351 US

New Mailing Address:

FEI Number: 59-1984077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEILSON, ALICE P
10347 SW 45 LANE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

RECHTINE, JOANN C
4804 NW 119 ST
GAINESVILLE, FL 32653 US

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: JOANN C. RECHTINE 02/23/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NEILSON, ALICE P PD
Address: 10347 SW 45 LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: VD ( ) Delete
Name: RECHTINE, JOANN VP
Address: 4804 NW 119 ST
City-St-Zip: GAINESVILLE, FL 32653

Title: TD ( ) Delete
Name: HINTON, LOUISE TREAS
Address: 3301 NW 29 AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: SD ( ) Delete
Name: LOCKHART, DIANE SECY
Address: 2622 NW 27 PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: ROWE, CHERYL DIR
Address: 3636 NW 24 PLACE
City-St-Zip: GAINESVILE, FL 32605

Title: D ( ) Delete
Name: DONNELLY, MICHELLE DIR
Address: 8216 NW 5 COURT
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RECHTINE, JOANN C PD
Address: 4804 NW 119 ST
City-St-Zip: GAINESVILLE, FL 32653 US

Title: VD (X) Change ( ) Addition
Name: RICHARD, TWANA VP
Address: 4219 SW 104 TER
City-St-Zip: GAINESVILLE, FL 32608 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: BUCCIARELLI, LYNDA SECY
Address: 10022 SW 48 PLACE
City-St-Zip: GAINESVILLE, FL 32608 US

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 for the exemption stated in Section 119.07(3)(i), 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: JOANN C. RECHTINE PD 02/23/2004
Electronic Signature of Signing Officer or Director Date