

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750640

FILED
Mar 06, 2006
Secretary of State

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

Current Principal Place of Business:

BOX 100324
SHANDS TEACHING HOSPITAL & CLINICS
GAINESVILLE, FL 326100324 US

New Principal Place of Business:

Current Mailing Address:

BOX 100324
SHANDS TEACHING HOSPITAL & CLINICS
GAINESVILLE, FL 326100324 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:

RICHARD, TWANA S
4219 SW 104TH TERRACE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

DONNELLY, MICHELLE
8216 NW 5TH CT
GAINESVILLE, FL 32607 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: MICHELLE DONNELLY

03/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICHARD, TWANA S PD
Address: 4219 SW 104TH TER
City-St-Zip: GAINESVILLE, FL 32608 US

Title: VD () Delete
Name: DONNELLY, MICHELLE VP
Address: 8216 NW 5TH CT
City-St-Zip: GAINESVILLE, FL 32607 US

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

Title: SD () Delete
Name: MAXWELL, ALICIA SECY
Address: 3625 NW 52ND PL
City-St-Zip: GAINESVILLE, FL 32605 US

Title: D () Delete
Name: ROUT, SUSAN DIR
Address: 1129 NW 23RD TER
City-St-Zip: GAINESVILLE, FL 32605 US

Title: D () Delete
Name: SEEGER, CAROLYN DIR
Address: 3415 NW 31ST ST
City-St-Zip: GAINESVILLE, FL 32605 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DONNELLY, MICHELLE PD
Address: 8216 NW 5TH CT
City-St-Zip: GAINESVILLE, FL 32607 US

Title: VD (X) Change () Addition
Name: COHEN, KRIS VP
Address: 215 TURKEY CREEK
City-St-Zip: GAINESVILLE, FL 32615 US

Title: TD (X) Change () Addition
Name: BERGER, SANDRA TREAS
Address: 9946 SW 19TH LANE
City-St-Zip: GAINESVILLE, FL 32607 US

Title: SD (X) Change () Addition
Name: ROWE, CHERYL SECY
Address: 3636 NW 24TH PL
City-St-Zip: GAINESVILLE, FL 32605 US

Title: D (X) Change () Addition
Name: HINTON, LOUISE DIR
Address: 3301 NW 29TH AVE
City-St-Zip: GAINESVILLE, FL 32605 US

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 Chapter 119, 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: MICHELLE DONNELLY

PD

03/06/2006

Electronic Signature of Signing Officer or Director

Date