2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007
Secretary of State

DOCUMENT# 750640

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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DONNELLY, MICHELLE PD	
Address:	8216 NW 5TH CT	
City-St-Zip:	GAINESVILLE, FL 32607 US	
Title:	VD	( ) Delete
Name:	COHEN, KRIS VP	
Address:	215 TURKEY CREEK	
City-St-Zip:	GAINESVILLE, FL 32615 US	
Title:	TD	( ) Delete
Name:	BERGER, SANDRA TREAS	
Address:	9946 SW 19TH LANE	
City-St-Zip:	GAINESVILLE, FL 32607 US	
Title:	SD	( ) Delete
Name:	ROWE, CHERYL SECY	
Address:	3636 NW 24TH PL	
City-St-Zip:	GAINESVILLE, FL 32605 US	
Title:	D	( ) Delete
Name:	HINTON, LOUISE DIR	
Address:	3301 NW 29TH AVE	
City-St-Zip:	GAINESVILE, 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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	ROWE, CHERYL VP	
Address:	3626 NW 24 PL	
City-St-Zip:	GAINESVILLE, FL 32605 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	BROCK, SHARON SECY	
Address:	8830 SW 45 BLVD	
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 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 PRES 03/16/2007

Electronic Signature of Signing Officer or Director — Date