

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750640

FILED
Jan 25, 2008
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:

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

Name and Address of New Registered Agent:

ROWE, CHERYL
3636 NW 24 PL
GAINESVILLE, FL 32605 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: CHERYL ROWE

01/25/2008

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: ROWE, CHERYL VP
Address: 3626 NW 24 PL
City-St-Zip: GAINESVILLE, FL 32605 US

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

Title: SD () Delete
Name: BROCK, SHARON SECY
Address: 8830 SW 45 BLVD
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D () Delete
Name: HINTON, LOUISE DIR
Address: 3301 NW 29TH AVE
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: ROWE, CHERYL PD
Address: 3636 NW 24 PL
City-St-Zip: GAINESVILLE, FL 32605 US

Title: VD (X) Change () Addition
Name: DONNELLY, MICHELLE VP
Address: 8216 SW 5 CT
City-St-Zip: GAINESVILLE, FL 32607 US

Title: TD (X) Change () Addition
Name: SMITH-VANIZ, ESTHER TREAS
Address: 3218 NW 57 TER
City-St-Zip: GAINESVILLE, FL 32606 US

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

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 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: CHERYL ROWE

PD

01/25/2008

Electronic Signature of Signing Officer or Director

Date