2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
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:

ROWE, CHERYL
3636 NW 24 PL
GAINESVILLE, FL 32605 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:	ROWE, CHERYL PD	
Address:	3636 NW 24 PL	
City-St-Zip:	GAINESVILLE, FL 32605 US	
Title:	VD	( ) Delete
Name:	DONNELLY, MICHELLE VP	
Address:	8216 SW 5 CT	
City-St-Zip:	GAINESVILLE, FL 32607 US	
Title:	TD	( ) Delete
Name:	SMITH-VANIZ, ESTHER TREAS	
Address:	3218 NW 57 TER	
City-St-Zip:	GAINESVILLE, FL 32606 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:	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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 02/02/2009
Electronic Signature of Signing Officer or Director — Date