

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750640

FILED
Feb 04, 2011
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:

SEAGLE, KATHRYN P
2820 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: VD
Name: SMITH-VANIZ, ESTHER VT
Address: 3218 NW 57 TER
City-St-Zip: GAINESVILLE, FL 32606 US

Title: D
Name: WHITE, MARY D
Address: 2036 NW 18TH LANE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: SD
Name: NEWMAN, LYNN S
Address: 2779 NW 26 PL
City-St-Zip: GAINESVILLE, FL 32605 US

Title: D
Name: NELSON, JANICE D
Address: 3520 SW 87 DR
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: SEEGER, CAROLYN D
Address: 5057 NW 57 TER
City-St-Zip: GAINESVILLE, FL 32653 US

Title: D
Name: BERGER, SANDRA D
Address: 9946 SW 19 LN
City-St-Zip: GAINESVILLE, FL 32607 US

I hereby 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 all other like empowered.

SIGNATURE: KATHRYN SEAGLE

PRES

02/04/2011

Electronic Signature of Signing Officer or Director

Date