

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 750640

FILED
Apr 03, 2003
Secretary of State

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

Current Principal Place of Business:

BOX 100351
SHANDS TEACHING HOSPITAL & CLINICS
GAINESVILLE, FL 326100351 US

New Principal Place of Business:

Current Mailing Address:

BOX 100351
SHANDS TEACHING HOSPITAL & CLINICS
GAINESVILLE, FL 326100351 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:

HINTON, LOUISE
3301 NW 29TH AVE.
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

NEILSON, ALICE P
10347 SW 45 LANE
GAINESVILLE, FL 32608 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: ALICE P NEILSON

04/03/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HINTON, LOUISE PRES
Address: 3301 NW 29TH AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: VD () Delete
Name: NEILSON, PAT VP
Address: 10347 SW 45 LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: TD () Delete
Name: DONNELLY, MICHELLE TREAS
Address: 8216 NW 5TH COURT
City-St-Zip: GAINESVILLE, FL 32607

Title: SD () Delete
Name: LOCKHART, DIANE SECY
Address: 2622 NW 27 PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: ROWE, CHERYL DIR
Address: 3636 NW 24 PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: CATALANOTTO, JANE DIR
Address: 8729 SW 61 AVE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NEILSON, ALICE P PD
Address: 10347 SW 45 LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: VD (X) Change () Addition
Name: RECHTINE, JOANN VP
Address: 4804 NW 119 ST
City-St-Zip: GAINESVILLE, FL 32653

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

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

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

Title: D (X) Change () Addition
Name: DONNELLY, MICHELLE DIR
Address: 8216 NW 5 COURT
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALICE P NEILSON

PRES

04/03/2003

Electronic Signature of Signing Officer or Director

Date