

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 754092 (5)

1. Corporation Name

CORPORATION FOR PUBLIC MEDICINE, INC.



Principal Place of Business

Mailing Address

C/O SISLER & COMPANY  
2622 NW 43RD ST. B-1  
GAINESVILLE FL 32606  
US

C/O SISLER & COMPANY  
2622 NW 43RD ST. B-1  
GAINESVILLE FL 32606  
US

3. Date Incorporated or Qualified  
09/09/1980

3a. Date of Last Report  
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number  
59-2043240

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEIN, GERALD H  
C/O SISLER & CO  
2622 NW 43RD ST., B-1  
GAINESVILLE FL 32604

81 Name STEIN, SARA  
82 Street Address (P.O./Box Number is Not Acceptable)  
C/O SISLER & CO  
83 2622 NW 43RD ST. B-1  
84 City GAINESVILLE FL 85 Zip Code 32604

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME STEIN, GERALD H.  
STREET ADDRESS C/O SISLER & CO 2622 NW 43RD ST, B-1  
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE C.D. ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME STEIN, SARA  
STREET ADDRESS 2906 SW 2ND AVE.  
CITY-ST-ZIP GAINESVILLE FL 32607

2.1 TITLE PTD ☒ Change ☐ Addition  
2.2 NAME C/O SISLER & CO  
2.3 STREET ADDRESS 2622 NW 43RD ST. B-1  
2.4 CITY-ST-ZIP GAINESVILLE FL 32604

TITLE SD ☐ DELETE  
NAME QUAY, GARY  
STREET ADDRESS 9301 NW 8TH AVE.  
CITY-ST-ZIP GAINESVILLE FL 32606

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME 700001738187  
5.3 STREET ADDRESS -03/11/96--01009--002  
5.4 CITY-ST-ZIP \*\*\*61.25

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SARA STEIN

2/5/96

904 373-3553

CR2E037 (12/95)