
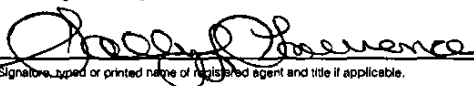



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

06-09-2008 90001 006 \*\*\*\*61.25

<b>DOCUMENT # 756206</b>					
1. Entity Name <b>ALACHUA COUNTY MEDICAL SOCIETY FOUNDATION, INC.</b>					
Principal Place of Business <b>235 SOUTHWEST SECOND AVENUE GAINESVILLE, FL 32601</b>			Mailing Address <b>235 SOUTHWEST SECOND AVENUE GAINESVILLE, FL 32601</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2065918</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CROWLEY, SUSAN S. 235 SW 2ND AVE. GAINESVILLE, FL 32601</b>				Name <b>Sally J. Lawrence Ph.D.</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>235 SW 2nd Ave</b>	
				City <b>Gainesville</b>	FL Zip Code <b>32601</b>
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE <b>6/3/08</b>	
Filing Fee is \$61.25 Due by September 12, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DR	<input checked="" type="checkbox"/> Delete		TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGGS, CHARLES MD			NAME	Rosenberg, Jason J. MD
STREET ADDRESS	235 SW 2ND AVE			STREET ADDRESS	235 SW 2nd Ave
CITY-ST-ZIP	GAINESVILLE, FL 32601			CITY-ST-ZIP	Gainesville, FL 32601
TITLE	DR	<input checked="" type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, JOHN MD			NAME	Pauly, Daniel MD
STREET ADDRESS	235 SW 2ND AVE			STREET ADDRESS	235 SW 2nd Ave
CITY-ST-ZIP	GAINESVILLE, FL 32601			CITY-ST-ZIP	Gainesville, FL 32601
TITLE	DR	<input checked="" type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY, CATLIN MD			NAME	Jones, Ronald, MD
STREET ADDRESS	235 SW 2ND AVE			STREET ADDRESS	235 SW 2nd Ave
CITY-ST-ZIP	GAINESVILLE, FL 32601			CITY-ST-ZIP	Gainesville, FL 32601
TITLE	MS	<input checked="" type="checkbox"/> Delete		TITLE	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWLEY, SUSAN S EVP			NAME	Lawrence Sally J.; Ph.D.
STREET ADDRESS	235 SW 2ND AVE.			STREET ADDRESS	235 SW 2nd Ave
CITY-ST-ZIP	GAINESVILLE, FL 32601			CITY-ST-ZIP	Gainesville, FL 32601
TITLE	MD			TITLE	
NAME	BEAVER, THOMAS MD			NAME	
STREET ADDRESS	235 SOUTHWEST SECOND AVENUE			STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32601			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	
NAME	RAINS, CAROLINE MD			NAME	
STREET ADDRESS	235 SW 2ND AVE			STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32601			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				DATE <b>6/3/08</b> DAYTIME PHONE # <b>352/376-0715</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	