2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 756206 1. Entity Name ALACHUA COUNTY MEDICAL SOCIETY FOUNDATION, INC.				I	09-2008 90001 000	6 ****61.2		
Principal Place of Business 235 SOUTHWEST SECOND AVENUE GAINESVILLE, FL 32601 Address 235 SOUTHWEST SECOND AVENUE GAINESVILLE, FL 32601 GAINESVILLE, FL 32601				 	TIKE HEN BENE SKI DIRU TITU T	IIII 6180 81811 8181	((1) 	
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06042008 CI	hg-NP CR2E0	137 (12/06)		
City & State		City & State		4. FEI Number 59-206591	18	— — — ·	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of St	tatus Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Add	lress of New Registered	Agent		
CDOME.	- V CHOAN C		Name _	Name Sall III auterras DD				
CROWLEY, SUSAN S. 235 SW 2ND AVE. GAINESVILLE, FL 32601			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
)	222,12 32001							
			City	Gainesuille FL Zip Code				
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regis	tered agent, or both, in	the State of Florida. I am	familiar with,	and accept	
SIGNATURE Signature paped or printed name of highward agent and title if applicable. (NOTE: Registered Agent signature required w					b 3 DATE	80		
Filing Fee is \$61.25 Due by September 12, 2008 9. Election Campaign Finance Trust Fund Contribution.					T			
D				\$5.00 May Be Added to Fees	Make chec Fiorida Depa	ck payable to irtment of St		
10.		Trust Fund C		Added to Fees		ertment of St	tate	
	ue by September 12, 2008	Trust Fund C	ontribution.	Added to Fees ADDITIONS/CHANG	Fiorida Depa	IRECTORS IN	tate	
10. TITLE NAME	OFFICERS AND DIF	Trust Fund C	ontribution.	Added to Fees ADDITIONS/CHANG	Fiorida Depa	RECTORS IN Change	tate	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF OR RIGGS, CHARLES MD 235 SW 2ND AVE	Trust Fund C	Ontribution. 11. 11LE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG	Florida Depa ES TO OFFICERS AND D Tason J.	IRECTORS IN Change	tate	
10. TITLE NAME	OFFICERS AND DIF OFFICERS AND DIF OR RIGGS, CHARLES MD 235 SW 2ND AVE GAINESVILLE, FL 32601	Trust Fund C	ontribution. 11. TITLE NAME R	Added to Fees ADDITIONS/CHANG	Florida Depa ES TO OFFICERS AND D Tason J.	IRECTORS IN Change	10 Addition	
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DR RIGGS, CHARLES MD 235 SW 2ND AVE GAINESVILLE, FL 32601 DR BURTON, JOHN MD 235 SW 2ND AVE	Trust Fund C	Ontribution. 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	Added to Fees ADDITIONS/CHANG Sechoers Samesille	Florida Depa ES TO OFFICERS AND D JONE	IRECTORS IN Change	10 Addition	
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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:

RIGHADORE AND TYPED OR PRUNED HARREDE SIGNING OFFICER OR DIRECTOR

0/3/08 352/376-6715