

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756206

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** ALACHUA COUNTY MEDICAL SOCIETY FOUNDATION, INC.

**Current Principal Place of Business:**

235 SOUTHWEST SECOND AVENUE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

235 SOUTHWEST SECOND AVENUE  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 59-2065918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAWRENCE, SALLY J PHD  
235 SW 2ND AVE.  
GAINESVILLE, FL 32601 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: P  
Name: BEAVER, THOMAS M  
Address: 235 SW 2 AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: VP  
Name: PAULY, DANIEL MD  
Address: 235 SW 2ND AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: T  
Name: JONES, RONALD MD  
Address: 235 SW 2ND AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: S  
Name: COGLE, CHRISTOPHER  
Address: 235 SW 2ND AVE.  
City-St-Zip: GAINESVILLE, FL 32601

Title: EVP  
Name: LAWRENCE, SALLY J PHD  
Address: 235 SW 2ND AVE  
City-St-Zip: GAINESVILLE, FL 32601

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: SALLY J LAWRENCE

EVP

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date