FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 29 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K11012 (7)

1. Corporation Name
GAINESVILLE MEDICAL BOOKS, INC.

Principal Place of Business	Mailing Address
C/O RICHARD A. BELZ 3234 SW 35TH BLVD. GAINESVILLE FL 32608	C/O RICHARD A. BELZ 3234 SW 35TH BLVD. GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1988
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2863252 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 c/o David Mandeville	26 c/o David Mandeville
Suite, Apt. #, etc. 22 3234 SW 35th Blvd.	Suite, Apt. #, etc. 27 3234 SW 35th Blvd
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL
Zip 24 32608 Country 25	Zip 29 32608 Country 30

9. Name and Address of Current Registered Agent

BELZ, RICHARD A.
2614 S.W. 34TH STREET
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name: David Mandeville
82 Street Address (P.O. Box Number is Not Acceptable): 3234 SW 35th Blvd.
83
84 City: Gainesville FL 85 Zip Code: 32608

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: David P. Mandeville (signature) David P. Mandeville 3/23/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BELZ, JANE L.	12 NAME	
STREET ADDRESS	3234 SW 35TH BLVD.	13 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MANDEVILLE, DAVID P.	22 NAME	
STREET ADDRESS	3234 SW 35TH BLVD.	23 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	24 CITY ST ZIP	
TITLE	~~D~~	31 TITLE	☒ Change ☐ Addition
NAME	~~BELZ, RICHARD A.~~	32 NAME	Delete
STREET ADDRESS	~~3274 SW 35TH BLVD.~~	33 STREET ADDRESS	
CITY ST ZIP	~~GAINESVILLE FL~~	34 CITY ST ZIP	
TITLE	~~D~~	41 TITLE	☒ Change ☐ Addition
NAME	~~BELZ, BARBARA W~~	42 NAME	Delete
STREET ADDRESS	~~3274 SW. 35TH BLVD.~~	43 STREET ADDRESS	
CITY ST ZIP	~~GAINESVILLE FL~~	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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(1)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David P. Mandeville (signature) David P. Mandeville 3/23/95 (904) 373-5572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034479 CP