FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # **K11012** **(7)**

1. Corporation Name
GAINESVILLE MEDICAL BOOKS, INC.

Principal Place of Business
% DAVID MANDEVILLE
3234 SW 35TH BLVD.
GAINESVILLE FL 32608

Mailing Address
% DAVID MANDEVILLE
3234 SW 35TH BLVD.
GAINESVILLE FL 32608-2415

3. Date Incorporated or Qualified: **01/06/1988**
3a. Date of Last Report: **07/09/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

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

9. Name and Address of Current Registered Agent
% DAVID MANDEVILLE
3234 SW 35TH BLVD.
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BELZ, JANE L.		1.2 NAME		
STREET ADDRESS	3234 SW 35TH BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	MANDEVILLE, DAVID P.		2.2 NAME	Mandeville, David P.	
STREET ADDRESS	3234 SW 35TH BLVD.		2.3 STREET ADDRESS	3234 SW 35 Blvd	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	Gainesville FL 32608	
TITLE		☐ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME			3.2 NAME	Young, Lynn	
STREET ADDRESS			3.3 STREET ADDRESS	3234 SW 35 Blvd	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Gainesville FL 32608	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 David P. Mandeville 3/20/97 (904) 731-4995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #