

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000018054**

1. Entity Name  
**UNIVERSITY OF FLORIDA HEALTH SERVICES  
INSTITUTE, LLC**



Principal Place of Business

**J. HILLIS MILLER HEALTH CTR, RM. M-110  
P.O. BOX 100215  
GAINESVILLE, FL 32610**

Mailing Address

**J. HILLIS MILLER HEALTH CTR, RM. M-110  
P.O. BOX 100215  
GAINESVILLE, FL 32610**



02182005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2357609**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**THARP, WILLIAM W  
1329 S.W. 16TH STREET, SUITE 4250  
GAINESVILLE, FL 32608**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**UN00000249261  
03/02/05-80066-001 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SOUTHERN HEALTHCARE FOUNDATION, INC.  
1600 SW ARCHER ROAD  
GAINESVILLE, FL 32608**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
TISHER, C. CRAIG  
1600 SW ARCHER ROAD  
GAINESVILLE, FL 32608**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: C. Craig Tisher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/19/05 (352) 846-2473  
Date Daytime Phone #