

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005826

FILED  
Feb 22, 2011  
Secretary of State

**Entity Name:** GOUT & URIC ACID EDUCATION SOCIETY INC

**Current Principal Place of Business:**

1600 SW ARCHER ROAD  
GAINESVILLE, FL 32610

**New Principal Place of Business:**

1600 SW ARCHER ROAD  
SUITE 4102, ATT DR EDWARDS  
GAINESVILLE, FL 32610

**Current Mailing Address:**

PO BOX 100221  
DEPT OF MEDICINE, UNIV OF FLA  
GAINESVILLE, FL 326100221

**New Mailing Address:**

PO BOX 100221, ATT DR EDWARDS  
DEPT OF MEDICINE, UNIV OF FLA  
GAINESVILLE, FL 326100221

**FEI Number:** 20-3459514

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDWARDS, N L  
2626 NW 7TH ROAD  
GAINESVILLE, FL 32607 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: EDWARDS, N L  
Address: 2626 NW 7TH ROAD  
City-St-Zip: GAINESVILLE, FL 32607

Title: BM  
Name: MCTIGUE, JOAN C  
Address: 4457 SW 84TH WAY  
City-St-Zip: GAINESVILLE, FL 32608

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: JOAN MCTIGUE

BM

02/22/2011

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

\_\_\_\_\_  
Date