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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # N16538 (3)

1. Corporation Name

AVMED, INC.

Principal Place of Business	Mailing Address
9400 SOUTH DADELAND BLVD MIAMI FL 33156	4300 NW 89TH BLVD GAINESVILLE FL 32606 US

3. Date Incorporated or Qualified: 08/27/1986

4. FEI Number: 59-2742907 ☐ Applied For ☐ Not Applicable

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)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DE MONTMOLLIN, STEPHEN J
4300 NW 89TH BLVD
GAINESVILLE FL 32606

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	PEDDIE, EDWARD C		1.2 NAME	Peddie, Edward C.	
STREET ADDRESS	4300 NW 89 BLVD		1.3 STREET ADDRESS	4300 NW 89th Blvd.	
CITY-ST-ZIP	GAINESVILLE FL 32606		1.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	~~VD~~	☒ DELETE	2.1 TITLE	DVC	☒ Change ☐ Addition
NAME	~~HUDSON, ROBERT~~		2.2 NAME	Goode, R. Ray	
STREET ADDRESS	~~4300 NW 89 BLVD~~		2.3 STREET ADDRESS	4300 NW 89th Blvd.	
CITY-ST-ZIP	~~GAINESVILLE FL 32606~~		2.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	~~TD~~	☒ DELETE	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	~~HAIRSTON, DON~~		3.2 NAME	Williamson, II., G. Ed	
STREET ADDRESS	~~4300 NW 89 BLVD~~		3.3 STREET ADDRESS	4300 NW 89thBlvd.	
CITY-ST-ZIP	~~GAINESVILLE FL 32606~~		3.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	~~SD~~	☒ DELETE	4.1 TITLE	DS	☒ Change ☐ Addition
NAME	~~TAYLOR, ANN~~		4.2 NAME	DeFord, M.D., James	
STREET ADDRESS	~~4300 NW 89 BLVD~~		4.3 STREET ADDRESS	4300 NW 89th Blvd.	
CITY-ST-ZIP	~~GAINESVILLE FL 32606~~		4.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	~~D~~	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~MOFFAT, JAMES W~~		5.2 NAME		
STREET ADDRESS	~~4300 NW 89 BLVD~~		5.3 STREET ADDRESS		
CITY-ST-ZIP	~~GAINESVILLE FL 32606~~		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	O'NEIL, GERALD T		6.2 NAME		
STREET ADDRESS	4300 NW 89 BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Randolph A Murphy 2/16/98 352-337-8709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AvMed, Inc.
Corporation #N16538
(Addendum to 1998 Corporation Annual Report)

DC Dunlap, Joe G. 4300 NW 89 Blvd., Gainesville, FL 32606

D Anderson, M.D., Richard 4300 NW 89 Blvd., Gainesville, FL 32606

D Butler, Scottie 4300 NW 89 Blvd., Gainesville, FL 32606

D Carr, Glenna 4300 NW 89 Blvd., Gainesville, FL 32606

D Dotson, Albert 4300 NW 89 Blvd., Gainesville, FL 32606

D Fletcher, George 4300 NW 89 Blvd, Gainesville, FL 32606

D Floyd, H. Jackson 4300 NW 89 Blvd., Gainesville, FL 32606

D Leiva, Maria Camila 4300 NW 89 Blvd, Gainesville, FL 32606

D Mustian, M.T. 4300 NW 89 Blvd, Gainesville, FL 32606

D Natiello, Ph.D., Thomas 4300 NW 89 Blvd, Gainesville, FL 32606

D Rossi, Richard 4300 NW 89 Blvd., Gainesville, FL 32606

D Stringfellow, Sr., James 4300 NW 89 Blvd., Gainesville, FL 32606

D York, Jr., Ph.D., E.T. 4300 NW 89 Blvd., Gainesville, FL 32606

D - Delete Daniel, C.B. 4300 NW 89 Blvd., Gainesville, FL 32606

Asst Secretary Hughey, Philp J., 4300 NW 89 Blvd, Gainesville, FL 32606