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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90109 008 ****70.00

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DOCUMENT # N16538

1. Corporation Name
AVMED, INC.

* 2 234674 - 90109 - 8

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/27/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2742907 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P PEDDIE, EDWARD C 4300 NW 89 BLVD GAINESVILLE FL 32606	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC GOODE, R R 4300 NW 89 BLVD GAINESVILLE FL 32606	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WILLIASMON, II G ED 4300 NW 89 BLVD GAINESVILLE FL 32606	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DEFORD, M.D. J 4300 NW 89 BLVD GAINESVILLE FL 32606	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Richard G. Hughey TREASURER (Richard G. Hughey) 1/8/99 305-671-4916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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AvMed, Inc.
Corporation #N16538
(Addendum to 1999 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 -Add Binkley, Christopher, 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-Add Perry, M.D., Bruce, 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

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