2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90027 018 ****70.00

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DOCUMENT # N16538

1. Entity Name

AVMED, INC. ✓

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

B0018360

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE MONTMOLLIN, STEPHEN J 4300 NW 89TH BLVD GAINESVILLE FL 32606	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE *	DS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAMSON, G. ED II		NAME	
STREET ADDRESS	4300 NW 89 BLVD		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP	
TITLE	DVCT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEIVA, MARIA CAMILA		NAME	
STREET ADDRESS	4300 NW 89 BLVD		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAVIS, PAMELA JO		NAME	
STREET ADDRESS	4300 NW 89 BLVD		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP	
TITLE	DC	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DUNLAP, JOE G		NAME	
STREET ADDRESS	4300 NW 89 BLVD		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FLOYD, H. JACKSON		NAME	
STREET ADDRESS	4300 NW 89 BLVD		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HUDSON, ROBERT C		NAME	
STREET ADDRESS	4300 NW 89 BLVD		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP	

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Robert C. Hudson 11/29/02 352-372-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
B00183600

AvMed, Inc.
Corporation #N16538
(Addendum to 2002 Corporation Annual Filing)

D – Add Herbert, Adam, 4200 NW 89h Blvd., Gainesville, FL 32606

D Ludden, M.D., John, 4300 NW 89 Blvd., Gainesville, FL 32606

D Perry, M.D., Bruce, 4300 NW 89 Blvd., Gainesville, FL 32606

D Tyson, Bernard, 4300 NW 89 Blvd., Gainesville, FL 32606

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

AS Rankin, Les, 4300 NW 89 Blvd., Gainesville, FL 32606

AT – Delete Still, Ken 4300 NW 89 Blvd., Gainesville, FL 32606

AT – Add Gallagher, Michael, 4300 NW 89 Blvd., Gainesville, FL 32606