

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90030 037 ****70.00

DOCUMENT # N16538 1. Entity Name AVMED, INC.					
Principal Place of Business 9400 SOUTH DADELAND BLVD. MIAMI, FL 33156			Mailing Address 4300 NW 89TH BLVD GAINESVILLE, FL 32606 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2742907	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DE MONTMOLLIN, STEPHEN J 4300 NW 89TH BLVD GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent 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. 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 \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMSON, G. ED II 4300 NW 89 BLVD GAINESVILLE, FL 32606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCT LEIVA, MARIA CAMILA 4300 NW 89 BLVD GAINESVILLE, FL 32606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, PAMELA JO 4300 NW 89 BLVD GAINESVILLE, FL 32606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DUNLAP, JOE G 4300 NW 89 BLVD GAINESVILLE, FL 32606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, H. JACKSON 4300 NW 89 BLVD GAINESVILLE, FL 32606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUDSON, ROBERT C 4300 NW 89 BLVD GAINESVILLE, FL 32606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive ☒ Change ☐ Addition				
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: Robert C. Hudson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01/08/04 352-337-8590 Date Daytime Phone #		

Attachment

AvMed, Inc.
Corporation #N16538

44-003614

(Addendum to 2004 Corporation Annual Filing)

D Berman, M.D., Harris, 4300 NW 89th Blvd., Gainesville, FL 32606

AS – Add Cueny, Douglas, 4300 NW 89th Blvd., Gainesville, FL 32606

AS deMontmollin, Steve, 4300 NW 89th Blvd., Gainesville, FL 32606

D – Add Epling, Robert L., 4300 NW 89th Blvd., Gainesville, FL 32606

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

D - Delete Herbert, Adam, 4200 NW 89^h Blvd., Gainesville, FL 32606

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

D – Add Philip, Paul, 4300 NW 89th Blvd., Gainesville, FL 32606

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