2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 01-25-2007 90028 014 ****70.00 **DOCUMENT # N16538** 1. Entity Name AVMED, INC. 60006063 Mailing Address Principal Place of Business 9400 SOUTH DADELAND BLVD. 4300 NW 89TH BLVD MIAMI, FL 33156 GAINESVILLE, FL 32606 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-2742907 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ХX Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE MONTMOLLIN, STEPHEN J 4300 NW 89TH BLVD Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE, FL 32606 City Zip Code FL 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 \$ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DVCT TITI F ☐ Delete TITI E ☐ Change ☐ Addition WILLIAMSON, G. ED II NAME 4300 NW 89 BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition MOONEY, PAMELA JO NAME NAME STREET ADDRESS 4300 NW 89 BLVD STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 CITY-ST-ZIP DC TITLE ☐ Delete TITLE □ Change Addition DUNLAP, JOE G NAME STREET ADDRESS 4300 NW 89 BLVD STREET ADDRESS GAINESVILLE, FL 32606 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME FLOYD, H. JACKSON NAME STREET ADDRESS 4300 NW 89 BLVD STREET ADDRESS GAINESVILLE, FL 32606 CITY-ST-7IP CITY-ST-ZIP XX Change TITLE **DCEO** ☐ Delete TITLE ☐ Addition NAME HUDSON, ROBERT C NAME 4300 NW 89 BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Defete

SIGNATURE: Stephen J. deMontmollin

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

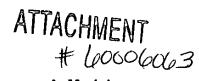
352-337-8707

FILED Jan 25, 2007 8:00 am

Daytime Phone #

Change

☐ Addition



AvMed, Inc. Corporation #N16538 (Addendum to 2007 Corporation Annual Filing)

AS – Add	Ayers, Catherine E., 4300 NW 89 th Blvd., Gainesville, FL 32606
D	Berman, M.D., Harris, 4300 NW 89 th Blvd., Gainesville, FL 32606
D/P&CEO	Cueny, Douglas, 4300 NW 89 th Blvd., Gainesville, FL 32606
D	Davis, Joseph W., 4300 NW 89 th Blvd., Gainesville, FL 32606
AS	deMontmollin, Steve, 4300 NW 89 th Blvd., Gainesville, FL 32606
D/S	Epling, Robert L., 4300 NW 89 Blvd., Gainesville, FL 32606
D	Gallagher, Michael, 4300 NW 89 th Blvd., Gainesville, FL 32606
D – Add	Hood, Glenda E., 4300 NW 89 th Blvd., Gainesville, FL 32606
D	Ludden, M.D., John, 4300 NW 89 th Blvd., Gainesville, FL 32606
D	Philip, Paul, 4300 NW 89 th Blvd., Gainesville, FL 32606