2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State
01-25-2007 90028 014 ****70.00

60006063

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

01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25 Due by May 1, 2007

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	DVCT WILLIAMSON, G. ED II 4300 NW 89 BLVD GAINESVILLE, FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOONEY, PAMELA JO 4300 NW 89 BLVD GAINESVILLE, FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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		☐ Change ☐ Addition
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO HUDSON, ROBERT C 4300 NW 89 BLVD GAINESVILLE, FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Stephen J. deMontmollin Stephen J. deMontmollin 352-337-8707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
60006063

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

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