

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90045 007 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2742907	
Country		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
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	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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					
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	D MOONEY, 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	D HUDSON, ROBERT C 4300 NW 89 BLVD GAINESVILLE, FL 32606 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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. de Montmollin 352-337-8707					

ATTACHMENT

40039720

AvMed, Inc.

Corporation #N16538

(Addendum to 2008 Corporation Annual Filing)

AS 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 – Delete 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 89th Blvd., Gainesville, FL 32606

D/P– Change Gallagher, Michael, 4300 NW 89th Blvd., Gainesville, FL

D 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

AT – Add Still, Kennie M, 4300 NW 89th Blvd., Gainesville, FL 32606