2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2010
Secretary of State

DOCUMENT# N16538

Entity Name: AVMED, INC.

Current Principal Place of Business:

9400 SOUTH DADELAND BLVD.
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

4300 NW 89TH BLVD
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-2742907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DE MONTMOLLIN, STEPHEN J
4300 NW 89TH BLVD
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DC
Name: DUNLAP, JOE G
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DVCT
Name: WILLIAMSON, GEORGE E II
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DS
Name: EPLING, ROBERT L
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DCEO
Name: GALLAGHER, MICHAEL P
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: P
Name: HANNUM, EDWIN W
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: AT
Name: STUART, RANDALL
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN J. DEMONTMOLLIN AS 02/04/2010

Electronic Signature of Signing Officer or Director — Date