2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16538

1. Entity Name

AVMED, INC.

FILED
AMENDED
03 MAY 21 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9400 SOUTH DADELAND BLVD. MIAMI FL 33156	4300 NW 89TH BLVD GAINESVILLE FL 32606 US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	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)

FILE NOW: FEE IS $61.25

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	600020323288 06/03/03--01007--028 **70.00 ☐ Change ☐ Addition
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	☐ Change ☐ Addition
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	☐ 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	DP HUDSON, ROBERT C 4300 NW 89 BLVD GAINESVILLE FL 32606	☒ 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 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: [signature] Robert C. Hudson 01-17-03 352-337-8590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature] deMontmollin 05-07-03 352-337-8707

AvMed, Inc.
Corporation #N16538
(Addendum to 2003 Corporation Annual Filing)

D - Add	Berman, M.D., Harris, 4300 NW 89th Blvd., Gainesville, FL 32606
AS -Add	Steve deMontmollin, 4300 NW 89th Blvd., Gainesville, FL 32606
AT	Gallagher, Michael, 4300 NW 89 Blvd., Gainesville, FL 32606
D	Herbert, Adam, 4200 NW 89h Blvd., Gainesville, FL 32606
D	Ludden, M.D., John, 4300 NW 89 Blvd., Gainesville, FL 32606
D - Delete	Perry, M.D., Bruce, 4300 NW 89 Blvd., Gainesville, FL 32606
AS - Delete	Rankin, Les, 4300 NW 89 Blvd., Gainesville, FL 32606
D - Delete	Tyson, Bernard, 4300 NW 89 Blvd., Gainesville, FL 32606
D	York, PhD., E.T., 4300 NW 89 Blvd., Gainesville, FL 32606