


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N20127 1. Entity Name WILLIAM J. GUNN MEDICAL SOCIETY, INC.	
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Principal Place of Business 3121 GALLIMORE DR. TALLAHASSEE FL 32310 US	Mailing Address 1215 LEE AVE. PO BOX 6213 TALLAHASSEE FL 32314 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2804091	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent ROBERTS, G.D. 3121 GALLIMORE DRIVE TALLAHASSEE FL 32304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	<i>G. D. Roberts</i>	<i>GDR Roberts</i>	<i>3-14-05</i>
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reconstituting) DATE	

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAUNDERS-JONES, REMELDA 4160 CAPITAL CIR NE TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000271736 03/21/05-80057-014 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BLACKSHEAR, ALFREDA 1215 LEE AVE TALLAHASSEE FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HERRING, CLARENCE 4003 KILMARTIN DR TALLAHASSEE FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HUGGER, KENNESSA 2420 EAST PLAZA DR TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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	
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SIGNATURE: *Remelda L. Saunders Jones M.D., Remelda T. Saunders Jones M.D.* **3/17/05 (150) 386-4055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #