## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 15, 2008 08:00 Al Secretary of State

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	IMENT # N20127				•	•	
1. Entity Nan	776 I J. GUNN MEDICAL SOCI	TETY INC		<u>}</u>			
AAIFFICTIAL	J. GUINN MEDICAL SOCI	IETY, INC.		<b>ÿ</b>			
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	ce of Business	Mailing Address		<b>ヿ</b>			
3121 GALLIMORE DR. 1215 LEE AVE. TALLAHASSEE, FL 32310 US PO BOX 6213							
INLLAMASSI	EE, FL 32310 US	PO BOX 6213 Tallahassee, FL 32314	US				
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					No Chg-NP	CD2E027 (4 (06)	
	O NOT WRIT	E IN THIS SPA	CE.	. 01212000	No Crig-NF	CR2E037 (4/06)	
	1401 001711		<b>\</b>	4. FEI Numb 59-280		Applied For	_
					<del></del>	Not Applicable  \$8.75 Additional	Ю
				5. Certificate	of Status Desired	Fee Required	
	6. Name and Address of Curre	nt Registered Agent		and the second			
ROBERTS	š. G.D.			<b>D</b> O			
3121 GAL	LIMORE DRIVE			, DO	NOT WR		
TALLAHA	SSEE, FL 32304			IN.	THIS SPA	CF	 
				- <b> </b>			
<del> </del>				<u> </u>			11
8. The above the obligat	e named entity submits this statement tions of registered agent.	t for the purpose of changing its registe	ered office or registe	ered agent, or bo	th, in the State of Florida	<ol> <li>I am familiar with, and accept</li> </ol>	t
_	GAROLUT	- 6.1	n. Robo	rla	4.	10-00	
SIGNATURE.	Signature, typed or printed name of registered age	ork and title if applicable (NOTE: Registe	ared Agent signature require	ed when reinstating)		10-08 DATE	
			·	<del></del>			_
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Fina Trust Fund Contribution	~ _ **	5.00 May Be ided to Fees	ļ		
						Mark or Co. St. St. Prop and	
10. OFFICERS AND DIRECTORS					04./29.2031	)898957 -80019-012 61.25	·
NAME	SAUNDERS-JONES, REMELD	)A			and the second s	TOUGLATURE OFFER	
STREET ADDRESS	4160 CAPITAL CIR NE						
CITY-ST-ZIP	TALLAHASSEE, FL 32308			h is in west	Maria de la companione de	计二类列 医紧门的 知识证证	. 1
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TITLE	TD						
NAME	TD BLACKSHEAR, ALFREDA						14.
	TD						3.00
NAME STREET ADDRESS	TD BLACKSHEAR, ALFREDA 1215 LEE AVE.						# 6. 18. 13. 13. 16. 16.
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TD BLACKSHEAR, ALFREDA 1215 LEE AVE. TALLAHASSEE, FL 32303 VD HERRING, CLARENCE						188 E. S. OK.
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	TD BLACKSHEAR, ALFREDA 1215 LEE AVE. TALLAHASSEE, FL 32303 VD HERRING, CLARENCE 4003 KILMARTIN DR			DO	NOT WE	2ITE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLACKSHEAR, ALFREDA 1215 LEE AVE. TALLAHASSEE, FL 32303 VD HERRING, CLARENCE 4003 KILMARTIN DR TALLAHASSEE, FL 32309				NOT WE		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TD BLACKSHEAR, ALFREDA 1215 LEE AVE. TALLAHASSEE, FL 32303 VD HERRING, CLARENCE 4003 KILMARTIN DR TALLAHASSEE, FL 32309 S HUGGER, KENNESSA 2420 EAST PLAZA DR						The Confederation of the second secon

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 fixe empowered.

CTY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Under on Printed MARKE of SIGNATURE AND TYPED OR PRINTED WASE OF SIGNATURE OR ORDERTOR OR DESCRIPTION Date Organization of Signature and Typed Or Printed MARKE of SIGNATURE OR ORDERTOR OR DESCRIPTION OF THE DATE OF SIGNATURE AND TYPED OR PRINTED WASE OF SIGNATURE OR ORDERTOR