

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20127

FILED
Mar 05, 2010
Secretary of State

Entity Name: WILLIAM J. GUNN MEDICAL SOCIETY, INC.

Current Principal Place of Business:

3121 GALLIMORE DR.
TALLAHASSEE, FL 32310 US

New Principal Place of Business:

Current Mailing Address:

1215 LEE AVE.
PO BOX 6213
TALLAHASSEE, FL 32314 US

New Mailing Address:

1215 LEE AVE.
TALLAHASSEE, FL 32303 US

FEI Number: 59-2804091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, G.D.
3121 GALLIMORE DRIVE
TALLAHASSEE, FL 32304 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: PD
Name: SAUNDERS-JONES, REMELDA
Address: 4160 CAPITAL CIR NE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD
Name: BLACKSHEAR, ALFREDA
Address: 1215 LEE AVE.
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD
Name: HERRING, CLARENCE
Address: 4003 KILMARTIN DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: S
Name: HUGGER, KENNESSA
Address: 2420 EAST PLAZA DR
City-St-Zip: TALLAHASSEE, FL 32308

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: REMELDA SAUNDERS-JONES

PRES

03/05/2010

Electronic Signature of Signing Officer or Director

Date