

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20127

FILED
Jan 29, 2012
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.
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-2804091 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

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: RAY, RONALD
Address: 972 PAW PAW COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD
Name: BAKER, WILMOTH III
Address: 304 W. BREVARD STREET
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: S
Name: REESE, KRISTI
Address: 2140 CENTERVILLE PLACE
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: ALFREDA D. BLACKSHEAR

TD

01/29/2012

Electronic Signature of Signing Officer or Director

Date