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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE ABOVE THIS SPACE ****61.25

DOCUMENT # N25774 (3)

1. Corporation Name

THE FACULTY OF THE UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE, INCORPORATED

Principal Place of Business	Mailing Address
C/O WILLIAM C. BUHI 1602 SW 39TH DRIVE GAINESVILLE FL 32605	C/O WILLIAM C. BUHI 1602 SW 39TH DRIVE GAINESVILLE FL 32605

3. Date Incorporated or Qualified: 04/06/1988
3a. Date of Last Report: 06/24/1994
4. FEI Number: 59-2890684 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

BUHI, WILLIAM
1602 NW 39TH DRIVE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ NOTE: Registered Agent signature required when reinstating. DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KALRA, SATYA 2436 NW 23 AVENUE GAINESVILLE FL 32605	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUHI, WILLIAM 1602 NW 39TH DRIVE GAINESVILLE FL 32605	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDT, NANCY RT 2 BOX 125-29 MICANOPY FL 32667	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FROST, SUSAN 13333 NW 32ND PLACE GAINESVILLE FL 32606	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~PEOK, AMMON~~ ~~9311 SW 43RD LANE~~ ~~GAINESVILLE FL~~	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D Schultz, Gregory 832 NW 45th Terrace Gainesville, FL 32605	[X] Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~CORMAN, LOURDES~~ ~~625 NW 60TH BLVD~~ ~~GAINESVILLE FL 32607~~	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D Paulus, David 1125 NW 23rd Terrace Gainesville, FL 32605	[X] Change ☐ Addition

TP 5/11/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ William C. Buhi April 20, 1995 (904) 392-2899
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — (Daytime Phone #)