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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 05/01/1995
4. FEI Number 59-2890684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 c/o Dr. M. M. Goodenow	26 c/o Dr. M. M. Goodenow
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Box 100275, UF College Med	27 Box 100275, UF College Med
City & State	City & State
23 Gainesville, FL	28 Gainesville, FL
Zip	Zip
24 32610-0275	29 32610-0275
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUHI, WILLIAM
1602 NW 39TH DRIVE
GAINESVILLE FL 32605

81 Name Maureen M. Goodenow, Ph.D.
82 Street Address (P.O. Box Number is Not Acceptable) 1600 S.W. Archer Road, Box 100275
83 Department of Pathology, UF College of Medicine
City Gainesville, FL
85 Zip Code 32610-0275

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Maureen M. Goodenow* SECRETARY MAUREEN M. GOODENOW 1 May 96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALRA, SATYA	1.2 NAME	
STREET ADDRESS	2436 NW 23 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUHI, WILLIAM	2.2 NAME	Maureen M. Goodenow
STREET ADDRESS	1602 NW 39TH DRIVE	2.3 STREET ADDRESS	1641 N.W. 19th Circle
CITY-ST-ZIP	GAINESVILLE FL 32605	2.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDT, NANCY	3.2 NAME	Robert Newman
STREET ADDRESS	RT 2 BOX 125-29	3.3 STREET ADDRESS	214 N.E. 9th Avenue
CITY-ST-ZIP	MICANOPY FL 32667	3.4 CITY-ST-ZIP	Gainesville, FL 32601
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, SUSAN	4.2 NAME	600001821676
STREET ADDRESS	13333 NW 32ND PLACE	4.3 STREET ADDRESS	-05/15/96--01011--020
CITY-ST-ZIP	GAINESVILLE FL 32606	4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, GREGORY	5.2 NAME	
STREET ADDRESS	832 NW 45TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULUS, DAVID	6.2 NAME	
STREET ADDRESS	1125 NW 23RD TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	6.4 CITY-ST-ZIP	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAUREEN M. GOODENOW

Date

1 May 96

Daytime Phone #

352 392-3429

CR2E037 (12/95)