## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # N25774

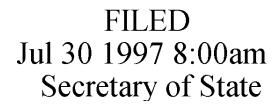
(3)

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

Principal Place of Business

Mailing Address

% DR. M.M. GOODENOW BOX 100275. UF COLLEGE MED GAINESVILLE FL 32810-0275 % DR. M.M. GOODENOW BOX 100275. UF COLLEGE MED GAINESVILLE FL 32610-0275





										ŀ	04/06/1988 3a. Date of Last Report 05/10/1996						port 3			
2. Principal Place of Business 2a. Mailing Address												4. FEIN	lumber				<u> </u>	App	lied For	
21 University of Florida					26 Bx 100275							59-2890684						Not Applicable		
Suite, Apt. #, etc.					Suite, Apt. #, etc.							F 0-45	C	24-4 - 5 - 1	,		\$8.7	<del></del>	ditional	
22						27						5. Certi	licate of S	Status Desire	ea				ulred	
City & State						City & State						6. Elect	ion Camp	oaign Financ	ing		\$5.	00 s	May Be	
23					28							Trust Fund Contribution					Add	Added to Fees		
Zip	p			ountry	Zip			Country			This corporation has liability for intangible tax under s. 199.032,									
24 25						29 30							Florida Statutes Yes X No							
9, Name and Address of Current Registered Agent												10. Name and Address of New Registered Agent								
GOODENOW, MAUREEN M DR										81 Name										
										82 Street Address (P.O. Box Number is Not Acceptable)										
1600 S.W. ARCHER RD., BOX 100275																				
DEPT. OF PATHOLOGY, UF COLLEGE									83	83										
Gainesville fl 32810-0275									84	City							<b>85</b> Z	ip Co	odo	
		5. 								•						FL		•		
11. P	ursuant to	o the provis	ons of	Sections 617.0502	2 and	1 617.1508	Florida Statute	s, th	e above	-name	d corpora	ation subi	nits this s	statement for	the pu	rpose of	changin	g its	registered	
a	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 lamiliar with, and accept the obligations of. Section 617.0503, Florida Statutes.														egistered					
SIGN	ATURE _																			
		Sign <b>etur</b> e, typed	or printe	d name of registered ager			ie. (NOTE			nt signat	ure required v	when reinstat				DATE				
12.				OFFICERS AND	D DIF	RECTORS	<b>M 6 1 1 1 1 1 1 1 1 1 1</b>		13.		<del></del>	ADDIT	IONS/CH	ANGES TO	OFFICE	RS AND				
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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.