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Jul 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

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



3. Date Incorporated or Qualified
04/06/1988

3a. Date of Last Report
05/10/1996

2. Principal Place of Business

2a. Mailing Address

21 University of Florida

26 Bx 100275

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODENOW, MAUREEN M DR
1000 S.W. ARCHER RD., BOX 100275
DEPT. OF PATHOLOGY, UF COLLEGE
GAINESVILLE FL 32610-0275

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☒ DELETE
NAME KALRA, SATYA
STREET ADDRESS 2436 NW 23 AVENUE
CITY-ST-ZIP GAINESVILLE FL 32605

1.1 TITLE T ☐ Change ☒ Addition
1.2 NAME Michael Hocking
1.3 STREET ADDRESS 4004 SW 84th St.
1.4 CITY-ST-ZIP Gainesville, FL 32608

S ☐ DELETE
NAME GOODENOW, MAUREEN M
STREET ADDRESS 1041 NW 19TH CIR.
CITY-ST-ZIP GAINESVILLE FL 32605

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V ☐ DELETE
NAME NEWMAN, ROBERT
STREET ADDRESS 214 NE 9TH AVE.
CITY-ST-ZIP GAINESVILLE FL 32601

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Newman, Robert
3.3 STREET ADDRESS 214 NE 9th Ave
3.4 CITY-ST-ZIP Gainesville, FL 32601

D ☒ DELETE
NAME FROST, SUSAN
STREET ADDRESS 13333 NW 32ND PLACE
CITY-ST-ZIP GAINESVILLE FL 32606

4.1 TITLE V ☐ Change ☒ Addition
4.2 NAME Khan, Saeed
4.3 STREET ADDRESS 3504 SW 1st Way
4.4 CITY-ST-ZIP Gainesville, FL 32601

D ☐ DELETE
NAME SCHULTZ, GREGORY
STREET ADDRESS 832 NW 45TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32605

5.1 TITLE P ☒ Change ☐ Addition
5.2 NAME Schultz, Gregory
5.3 STREET ADDRESS 832 NW 45th Terrace
5.4 CITY-ST-ZIP Gainesville, FL 32605

P ☐ DELETE
NAME PAULUS, DAVID
STREET ADDRESS 1125 NW 23RD TERRACE
CITY-ST-ZIP GAINESVILLE FL 32605

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME Paulus, David
6.3 STREET ADDRESS 1125 NW 23rd Terrace
6.4 CITY-ST-ZIP Gainesville, FL 32605

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)