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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25774

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business C/O

21 **DR. C. SUMNERS**

Suite, Apt. #, etc.

22 **BOX 100274, UF COLLEGE MED**

City & State

23 **GAINESVILLE FL**

Zip 32610 Country

24 **FL 32607**

25

2a. Mailing Address

26 **DR. C. SUMNERS**

Suite, Apt. #, etc.

27 **BOX 100274, UF COLLEGE MED**

City & State

28 **GAINESVILLE FL**

Zip 32610 Country

29 **32610**

30

3. Date Incorporated or Qualified

04/06/1988

4. FEI Number

59-2890684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

**\$5.00 May Be
Added to Fees**

Trust Fund Contribution

9. Name and Address of Current Registered Agent

**GOODENOW, MAUREEN M DR
1600 S.W. ARCHER RD., BOX 100275
DEPT. OF PATHOLOGY, UF COLLEGE
GAINESVILLE FL 32610-0275**

10. Name and Address of New Registered Agent

81 Name **DR. COLIN SUMNERS**

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

**1600 SW ARCHER RD, PHYSIOLOGY,
BOX 100274, UF COLLEGE OF MEDICINE**

83 City

GAINESVILLE

FL

85 Zip Code

32610

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

Colin Sumners

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

(NOTE: Registered Agent signature required when reinstating)

4/29/99

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME **HOCKING, MICHAEL**
STREET ADDRESS **4004 SW 84TH ST**
CITY-ST-ZIP **GAINESVILLE FL**

S ☒ DELETE

NAME **GOODENOW, MAUREEN M**
STREET ADDRESS **1641 NW 19TH CIR.**
CITY-ST-ZIP **GAINESVILLE FL 32605**

P ☐ DELETE

NAME **NEWMAN, ROBERT**
STREET ADDRESS **214 NE 9TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL**

D ☐ DELETE

NAME **SAEED, KHAN**
STREET ADDRESS **3504 SW 1ST WAY**
CITY-ST-ZIP **GAINESVILLE FL**

D ☒ DELETE

NAME **SCHULTZ, GREGORY**
STREET ADDRESS **832 NW 45TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

V ☐ DELETE

NAME **WILLIAMS, JONATHAN L**
STREET ADDRESS **2025 NW 24TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

**S
COLIN SUMNERS
2010 SW 7TH TERRACE
GAINESVILLE, FL 32607**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

**V
SATYA KALRA
2436 NW 23RD AVE
GAINESVILLE FL 32605**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

COLIN SUMNERS

4/29/99

(352) 392 4485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)