2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N25774

1. Entity Name
THE FACULTY OF THE UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE, INCORPORATED

FILED
05 AUG 10 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
05 AUG 10 AM 11:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
P.O. BOX 100294 UF COLL OF MED GAINESVILLE, FL 32610-0294	% Rachell Dotson P.O. BOX ~~100294~~ 100005 UF COLL OF MED GAINESVILLE, FL 32610-~~0294~~ 0005

08082005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. % Rachell Dotson University of Florida P.O. Box 100005
City & State	City & State Gainesville FL
Zip / Country	Zip 32610-0005 Country USA

4. FEI Number 59-2890684 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, GREGORY
1600 SW ARCHER RD., M337 MSB
GAINESVILLE, FL 32610-0294

7. Name and Address of New Registered Agent

Name Sarah Chesrown
Street Address (P.O. Box Number is Not Acceptable) 1600 SW Archer Rd D2-15
Pediatric Pulmonary Division
City Gainesville FL Zip Code 32610

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sarah Chesrown Sarah Chesrown 8-8-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHESROWN, SARAH 1600 SW ARCHER RD D2-15 GAINESVILLE, FL 326100296	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Eyler, Fonda 1600 SW Archer Rd Gainesville FL 32610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHULTZ, GREGORY 1600 SW ARCHER RD M337 MSB GAINESVILLE, FL 326100294	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Lise Youngblood 1600 SW Archer Rd Gainesville FL 32610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ D KOSCH, SHAE 625 SW 4TH AVE GAINSVILLE, FL 326103588	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David Paulus 1600 SW Archer Rd Gainesville FL 32610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BURG, MARY ANN 706 SW 4TH AVE GAINESVILLE, FL 326103588	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300058443913 08/10/05--01034--001 **122.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARE SALZLER, MICHAEL 1600 SW ACHER RD GAINESVILLE, FL 326100275	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$8/12	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRISCOLL, DANIEL 1600 SW ARCHER RD RG240 ARB GAINESVILLE, FL 326100296	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sarah Chesrown Sarah Chesrown 8/8/05 (352) 392-4458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #