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	C/O Rachell Dotson P.O. BOX ~~100294~~ 100005 UF COLL OF MED GAINESVILLE, FL 32610-~~0294~~ 0005

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

08082005 REIN-NP CR2E099 (6/04)

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	7. Name and Address of New Registered Agent
SCHULTZ, GREGORY 1600 SW ARCHER RD., M337 MSB GAINESVILLE, FL 32610-0294	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	T ☐ Delete	TITLE	P ☐ Change ☒ Addition
NAME	CHESROWN, SARAH	NAME	Eyler, Fonda
STREET ADDRESS	1600 SW ARCHER RD D2-15	STREET ADDRESS	1600 SW Archer Rd
CITY-ST-ZIP	GAINESVILLE, FL 326100296	CITY-ST-ZIP	Gainesville FL 32610
TITLE	S ☐ Delete	TITLE	V ☐ Change ☒ Addition
NAME	SCHULTZ, GREGORY	NAME	Lise Youngblood
STREET ADDRESS	1600 SW ARCHER RD M337 MSB	STREET ADDRESS	1600 SW Archer Rd
CITY-ST-ZIP	GAINESVILLE, FL 326100294	CITY-ST-ZIP	Gainesville FL 32610
TITLE	~~P~~ D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	KOSCH, SHAE	NAME	David Paulus
STREET ADDRESS	625 SW 4TH AVE	STREET ADDRESS	1600 SW Archer Rd
CITY-ST-ZIP	GAINSVILLE, FL 326103588	CITY-ST-ZIP	Gainesville FL 32610
TITLE	V ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BURG, MARY ANN	NAME	300058443913
STREET ADDRESS	706 SW 4TH AVE	STREET ADDRESS	08/10/05--01034--001 **122.50
CITY-ST-ZIP	GAINESVILLE, FL 326103588	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	CLARE SALZLER, MICHAEL	NAME	
STREET ADDRESS	1600 SW ACHER RD	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 326100275	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DRISCOLL, DANIEL	NAME	
STREET ADDRESS	1600 SW ARCHER RD RG240 ARB	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 326100296	CITY-ST-ZIP	

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 #