

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25774

FILED
Jan 17, 2006
Secretary of State

Entity Name: THE FACULTY OF THE UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE, INCORPORATED

Current Principal Place of Business:

P.O. BOX 100294
UF COLL OF MED
GAINESVILLE, FL 326100294

New Principal Place of Business:

Current Mailing Address:

C/O RACHELL DOTSON, UNIV. OF FL.
P.O. BOX 100005
GAINESVILLE, FL 326100005

New Mailing Address:

FEI Number: 59-2890684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESROWN, SARAH
1600 SW ARCHER RD. D2-15
PEDIATRIC PULMONARY DIVISION
GAINESVILLE, FL 32610 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CHESROWN, SARAH
Address: 1600 SW ARCHER RD D2-15
City-St-Zip: GAINESVILLE, FL 326100296

Title: S () Delete
Name: SCHULTZ, GREGORY
Address: 1600 SW ARCHER RD M337 MSB
City-St-Zip: GAINESVILLE, FL 326100294

Title: D (X) Delete
Name: KOSCH, SHAE
Address: 625 SW 4TH AVE
City-St-Zip: GAINESVILLE, FL 326103588

Title: P () Delete
Name: EYLER, FONDA
Address: 1600 SW ARCHER RD
City-St-Zip: GAINESVILLE, FL 32610

Title: V () Delete
Name: YOUNGBLOOD, LISE
Address: 1600 SW ARCHER RD
City-St-Zip: GAINESVILLE, FL 32610

Title: D () Delete
Name: DRISCOLL, DANIEL
Address: 1600 SW ARCHER RD RG240 ARB
City-St-Zip: GAINESVILLE, FL 326100296

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH CHESROWN

T

01/17/2006

Electronic Signature of Signing Officer or Director

Date