2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State
02-05-2007 90108 044 ****70.00

DOCUMENT # N25774

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

Principal Place of Business	Mailing Address
P.O. BOX 100294 UF COLL OF MED GAINESVILLE, FL 32610-0294	C/O RACHELL DOTSON, UNIV. OF FL. P.O. BOX 100005 GAINESVILLE, FL 32610-0005

01232007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO BOX 112727
City & State	City & State GAINESVILLE, FL
Zip / Country	Zip 32611-2727 / Country

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
CHESROWN, SARAH 1600 SW ARCHER RD. D2-15 PEDIATRIC PULMONARY DIVISION GAINESVILLE, FL 32610	Name: GIBBS, PARKER Street Address (P.O. Box Number is Not Acceptable): 3450 HULL ROAD, RM 3341 ORTHO & SPORTS MED INST City: GAINESVILLE, FL Zip Code: 32607

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	T/D GIBBS, PARKER PO BOX 112727 GAINESVILLE, FL 326112727	☒ 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	S DUMONT-DRISCOLL,MARILYN C. PO BOX 100296 GAINESVILLE, FL 32610	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EYLER, FONDA 1600 SW ARCHER RD GAINESVILLE, FL 32610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D PAULUS, DAVID PO BOX 100254 GAINESVILLE, FL 32610	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V YOUNGBLOOD, LISE 1600 SW ACHER RD GAINESVILLE, FL 32610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARTER, CHRISTY S. PO BOX 100143 GAINESVILLE, FL 32610	☒ 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	D PAULY, REBECCA RAINER PO BOX 100277 GAINESVILLE, FL 32610	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 exemptions contained 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 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: _____ 2/20/07 352-273-7365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #