

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25774

FILED
Mar 23, 2009
Secretary of State

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

Current Principal Place of Business:

1600 SW ARCHER RD
UF COLL OF MED
GAINESVILLE, FL 326100294

New Principal Place of Business:

Current Mailing Address:

C/O PARKER GIBBS
P.O. BOX 112727
GAINESVILLE, FL 32611

New Mailing Address:

FEI Number: 59-2890684 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GIBBS, PARKER
3450 HULL ROAD, RM 3341
ORTHO & SPORTS MED INST
GAINESVILLE, FL 32607 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: TD () Delete
Name: GIBBS, PARKER
Address: PO BOX 112727
City-St-Zip: GAINESVILLE, FL 32611

Title: S () Delete
Name: DUMONT DRISCOLL, MARILYN C
Address: PO BOX 100296
City-St-Zip: GAINESVILLE, FL 326100294

Title: PD () Delete
Name: PAULUS, DAVID
Address: PO BOX 100254
City-St-Zip: GAINESVILLE, FL 32610

Title: V () Delete
Name: CARTER, CHRISTY S
Address: PO BOX 100143
City-St-Zip: GAINESVILLE, FL 32610

Title: D () Delete
Name: PAULY, REBECCA RAINER
Address: PO BOX 100277
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:

I hereby certify that the information supplied with this filing does not qualify 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: PARKER GIBBS

TD

03/23/2009

Electronic Signature of Signing Officer or Director

Date