

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25774

FILED
Jan 22, 2010
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:

1600 SW ARCHER RD
UF COLLEGE OF MEDICINE, FACULTY COUNCIL
GAINESVILLE, FL 32610

Current Mailing Address:

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

New Mailing Address:

C/O DAVID M QUILLEN + RACHEL DOTSON
P.O. BOX 100005
GAINESVILLE, FL 32610

FEI Number: 59-2890684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

QUILLEN, DAVID M
625 SW 4TH AVE
UF FAMILY MEDICINE
GAINESVILLE, FL 32601 US

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: DAVID M QUILLEN

01/22/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TREA
Name: QUILLEN, DAVID M
Address: 625 SW 4TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: SEC
Name: GONZALEZ-ROTHI, LESLIE
Address: PO BOX 100236
City-St-Zip: GAINESVILLE, FL 32610

Title: PRES
Name: KAYS, DAVID
Address: PO BOX 100286
City-St-Zip: GAINESVILLE, FL 32610

Title: VP
Name: BUSSING, REGINA
Address: PO BOX 100234
City-St-Zip: GAINESVILLE, FL 32610

I hereby 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 all other like empowered.

SIGNATURE: DAVID M QUILLEN

TREA

01/22/2010

Electronic Signature of Signing Officer or Director

Date