

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25774

**FILED**  
**Mar 02, 2011**  
**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 COLLEGE OF MEDICINE, FACULTY COUNCIL  
GAINESVILLE, FL 32610

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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:**

QUILLEN, DAVID M  
625 SW 4TH AVE  
UF FAMILY MEDICINE  
GAINESVILLE, FL 32601 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: 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: BOVA, FRANK  
Address: PO BOX 100286  
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

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date