

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32758 (7)

1. Corporation Name

FLORIDA ASSOCIATION OF BASIC MEDICAL SCIENTISTS,
INC.



Principal Place of Business

Mailing Address

RM MG-42 BX J-242 COLLEGE OF MEDICINE
J HILLIS MILLER HEALTH CTR. UNIV. OF FLA.
GAINESVILLE FL 32610-7242

RM MG-42 BX J-242 COLLEGE OF MEDICINE
J HILLIS MILLER HEALTH CTR. UNIV. OF FLA.
GAINESVILLE FL 32610-7242

3. Date Incorporated or Qualified

06/09/1989

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2977011

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEIMS, ALLEN H., M.D., PH. D.
UNIV. OF FLORIDA COLLEGE OF MEDICINE
1600 S. W. ARCHER ROAD, RM M-110
GAINESVILLE FL 32610

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROSS, MICHAEL H.
STREET ADDRESS 2929 NW 21ST AVE
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME NEIMS, ALLEN H.
STREET ADDRESS 8519 NW 4TH PL
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME PURICH, DANIEL L.
STREET ADDRESS 750 SW 91ST ST
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME MACLAREN, NOEL K.
STREET ADDRESS 1608 SW 58TH AVE
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD
NAME PHILLIPS, M. IAN
STREET ADDRESS 621 SW 23RD PL
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME CHALLONER, DAVID
STREET ADDRESS 2715 NW 22ND DR
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)