

FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32758 (7)**  
1. Corporation Name  
**FLORIDA ASSOCIATION OF BASIC MEDICAL SCIENTISTS, INC.**



Principal Place of Business <b>RM MG-42 BX J-242 COLLEGE OF MEDICINE J HILLIS MILLER HEALTH CTR. UNIV. OF FLA. GAINESVILLE FL 32610-7242</b>	Mailing Address <b>RM MG-42 BX J-242 COLLEGE OF MEDICINE J HILLIS MILLER HEALTH CTR. UNIV. OF FLA. GAINESVILLE FL 32610-7242</b>
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<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>3. Date Incorporated or Qualified</b> <b>06/09/1989</b>
<b>4. FEI Number</b> <b>59-2977011</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>9. Name and Address of Current Registered Agent</b> <b>NEIMS, ALLEN H., M.D., PH. D.</b> <b>UNIV. OF FLORIDA COLLEGE OF MEDICINE</b> <b>1600 S. W. ARCHER ROAD, RM M-110</b> <b>GAINESVILLE FL 32610</b>	<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>Kenneth I. Berns, M.D., Ph.D.</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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**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 Kenneth I. Berns, M.D., Ph.D. **Kenneth I. Berns, M.D., Ph.D.** **2/24/98**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	President(PD)
NAME	ROSS, MICHAEL H.	1.2 NAME	M. Ian Phillips
STREET ADDRESS	2929 NW 21ST AVE	1.3 STREET ADDRESS	621 SW 23rd Place
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville FL 32601-9056
TITLE	VD	2.1 TITLE	Vice President(VD)
NAME	NEIMS, ALLEN H.	2.2 NAME	Doug Anderson
STREET ADDRESS	8519 NW 4TH PL	2.3 STREET ADDRESS	5010 NW 50th Terrace
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville FL 32606
TITLE	VD	3.1 TITLE	Vice President (VD)
NAME	PURICH, DANIEL L.	3.2 NAME	Susan C. Frost
STREET ADDRESS	750 SW 91ST ST	3.3 STREET ADDRESS	13333 NW 32nd Place
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville FL 32606
TITLE	SD	4.1 TITLE	Secretary (SD)
NAME	MACLAREN, NOEL K.	4.2 NAME	Stephen P. Baker
STREET ADDRESS	1608 SW 58TH AVE	4.3 STREET ADDRESS	2210 NW 20th Terrace
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	Gainesville FL 32605-3967
TITLE	TD	5.1 TITLE	Treasurer (TD)
NAME	PHILLIPS, M. IAN	5.2 NAME	Stephen P. Sugrue
STREET ADDRESS	621 SW 23RD PL	5.3 STREET ADDRESS	4621 NW 57th Drive
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	Gainesville FL 32606-4369
TITLE	D	6.1 TITLE	
NAME	CHALLONER, DAVID	6.2 NAME	
STREET ADDRESS	2715 NW 22ND DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.**

**SIGNATURE:** [Signature] **352-392-3569**

CR2E037 (10/97)