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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris <i>Secretary of State</i> DIVISION OF CORPORATIONS
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DOCUMENT # N32758

1. Corporation Name

FLORIDA ASSOCIATION OF BASIC MEDICAL SCIENTISTS, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/09/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2977011	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

BERNS, KENNETH I. M PH.D.
UNIV. OF FLORIDA COLLEGE OF MEDICINE
1600 S. W. ARCHER ROAD, RM M-110
GAINESVILLE FL 32610

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	VPVD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, DOUG			1.2 NAME			
STREET ADDRESS	5010 NW 50TH TERRACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32606			1.4 CITY-ST-ZIP			
TITLE	VPVD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President (VD)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FROST, SUSAN C.			2.2 NAME	Stephen P. Backer		
STREET ADDRESS	13333 NW 32ND PL			2.3 STREET ADDRESS	2210 NW 32nd Place		
CITY-ST-ZIP	GAINESVILLE FL 32606			2.4 CITY-ST-ZIP	Gainesville, FL 32606		
TITLE	SSD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Secretary (SD)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, STEPHEN P.			3.2 NAME	James B. Flanagan		
STREET ADDRESS	2210 NW 20TH TERRACE			3.3 STREET ADDRESS	4815 NW 53rd Street		
CITY-ST-ZIP	GAINESVILLE FL 32605			3.4 CITY-ST-ZIP	Gaiensville, FL 32606		
TITLE	TTD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUGRUE, STEPHEN P.			4.2 NAME			
STREET ADDRESS	4621 NW 57TH DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32606			4.4 CITY-ST-ZIP			
TITLE	PPD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, M. IAN			5.2 NAME			
STREET ADDRESS	621 SW 23RD PL			5.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32601			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 of 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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** Stephen P. Sugrue, Ph.D./Treasurer 2/22/99 352-392-3569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)