

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90941 024 ****61.25

DOCUMENT # N32758

1. Entity 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 HLTH CTR. UNIV. OF FLA.
 GAINESVILLE FL 32610-7242

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Room B1-3, Box 100242

City & State

City & State

4. FEI Number

59-2977011

Applied For

Not Applicable

Zip

Country

Zip

Country

32610-0242

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. 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

Name **C. Craig Tisher, M.D.**

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

City

FL

Zip Code

8. 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.

C. Craig Tisher, M.D., Interim Dean, College of Medicine

6-5-02

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPVD** ☐ Delete
 NAME **ANDERSON, DOUG**
 STREET ADDRESS **5010 NW 50TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **BAKER, STEPHEN P**
 STREET ADDRESS **2210 NW 32ND PLACE**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SSD** ☐ Delete
 NAME **FLANEGAN, JAMES B**
 STREET ADDRESS **4815 NW 53RD STREET**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TTD** ☐ Delete
 NAME **SUGRUE, STEPHEN P.**
 STREET ADDRESS **4621 NW 57TH DR**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PPD** ☐ Delete
 NAME **PHILLIPS, M. IAN**
 STREET ADDRESS **621 SW 23RD PL**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen P. Sugrue, Ph.D., Professor and Chairman/Treasurer

6-5-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)