2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

1. Entity Nam FLORIDA	MENT # N32758 ASSOCIATION OF BASIC STS, INC.	MEDICAL			0:	1-20-2004	90052 047	****61	.25
Principal Place of Business ROOM R3-234, BOX 100242 J HILLIS MILLER HLTH CTR, UNIV. OF FLA. GAINESVILLE, FL 32610-0242		Mailing Address ROOM B1-3 , BOX 100242 J HILLIS MILLER HLTH CTR, UNIV. OF FLA. GAINESVILLE, FL 32610-7242				 3 1		- }	
2. Principal P	Place of Business	3. Mailing Address Room R3-234							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152004 C	hg-NP	CR2E037	(10/03)	
City & State	е	City & State			4. FEI Number 59-297701	11			oplied For ot Applicable
Zip	Country	Zip 32610-0242	· Cou	intry	5. Certificate of S	tatus Desired	☐ \$8	3.75 Add e Require	iitional
<u> </u>	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New	Registered Ag	ent -	
TICHED C	CRAIC M.D.			Name				-	
TISHER, C. CRAIG M.D. LINIV. OF FLORIDA COLLEGE OF MEDI 1600 S. W. ARCHER ROAD, RM M-110		CINE		Street Addres	ress (P.O. Box Number is Not Acceptable)			4-	
GAINESVI	LLE, FL 32610								
				City			FL	Zip Cod	a
8. The above the obligati	named entity submits this statement for	or the purpose of changing in	ts registere	ed office or regis	tered agent, or both, in	the State of F		niliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NC	OTE: Registered	d Agent signature requi	- 6) (15 () to		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	and little if applicable. (NC 9. Election Ci Trust Fund	OTE: Registerer	inancing	an elegan		Make check p	ayable to	o ate
**	Signature, typed or printed name of registered agent Filling Fee is \$61.25	and little if applicable. (NAC 9. Election Contract Fund	OTE: Registerer	inancing	\$5.00 May Be Added to Fees T	r - r 1 Flo	Make check p	ayable to	tate
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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 fustee employered 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: James B. Flanegan, Ph.D., Treasurer

1/15/04

352-392-0688

Daytime Phone #