


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-20-2004 90052 047 \*\*\*\*61.25

<b>DOCUMENT # N32758</b> 1. Entity Name <b>FLORIDA ASSOCIATION OF BASIC MEDICAL SCIENTISTS, INC.</b>																																																																																													
Principal Place of Business <b>ROOM R3-234, BOX 100242 J HILLIS MILLER HLTH CTR, UNIV. OF FLA. GAINESVILLE, FL 32610-0242</b>				Mailing Address <b>ROOM B1-3, BOX 100242 J HILLIS MILLER HLTH CTR, UNIV. OF FLA. GAINESVILLE, FL 32610-7242</b>																																																																																									
2. Principal Place of Business		3. Mailing Address <b>Room R3-234</b>																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																											
City & State		City & State																																																																																											
Zip		Country		Zip <b>32610-0242</b>																																																																																									
				Country																																																																																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																									
<b>TISHER, C. CRAIG M.D. UNIV. OF FLORIDA COLLEGE OF MEDICINE 1600 S. W. ARCHER ROAD, RM M-110 GAINESVILLE, FL 32610</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																									
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. I am familiar with, and accept the obligations of registered agent.																																																																																													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																													
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																									
		<b>Make check payable to Florida Department of State</b>																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BAKER, STEPHEN P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2210 NW 32ND PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32606</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WOOD, CHARLES E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2310 NW 38TH DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32605</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BAKER, HENRY V</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7621 NW 41ST AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32606</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SUGRUE, STEPHEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4621 NW 57TH DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32606</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FLANEGAN, JAMES B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4815 NW 53RD STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32606</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHALLONER, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2715 NW 22ND DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 10%;"><input type="checkbox"/> Change</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Shenkman, Elizabeth A</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1329 S.W. 16th St.</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Gainesville, FL 32610</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	BAKER, STEPHEN P		STREET ADDRESS	2210 NW 32ND PLACE		CITY-ST-ZIP	GAINESVILLE, FL 32606		TITLE	VP	<input type="checkbox"/> Delete	NAME	WOOD, CHARLES E		STREET ADDRESS	2310 NW 38TH DRIVE		CITY-ST-ZIP	GAINESVILLE, FL 32605		TITLE	VP	<input type="checkbox"/> Delete	NAME	BAKER, HENRY V		STREET ADDRESS	7621 NW 41ST AVE		CITY-ST-ZIP	GAINESVILLE, FL 32606		TITLE	S	<input type="checkbox"/> Delete	NAME	SUGRUE, STEPHEN		STREET ADDRESS	4621 NW 57TH DR		CITY-ST-ZIP	GAINESVILLE, FL 32606		TITLE	T	<input type="checkbox"/> Delete	NAME	FLANEGAN, JAMES B		STREET ADDRESS	4815 NW 53RD STREET		CITY-ST-ZIP	GAINESVILLE, FL 32606		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	CHALLONER, DAVID		STREET ADDRESS	2715 NW 22ND DR		CITY-ST-ZIP	GAINESVILLE, FL		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	NAME	Shenkman, Elizabeth A			STREET ADDRESS	1329 S.W. 16th St.			CITY-ST-ZIP	Gainesville, FL 32610		
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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.																																																																																													
<b>SIGNATURE: James B. Flanagan, Ph.D., Treasurer</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>1/15/04</b> <small>Date</small>																																																																																									
				<b>352-392-0688</b> <small>Daytime Phone #</small>																																																																																									