## **'2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

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FILED
Aug 07, 2003 8:00 am 
Secretary of State

1. Entity Nam FLORIDA INC.		TION OF BASIC MI	EDICAL	SCIENTISTS,				08	-07-2003 90	0118 028	8 ****61.	25	
Principal Plac	ce of Busines	s	Mailin	g Address		<del></del>							
Principal Place of Business  ROOM B1-3 . BOX 100242  J HILLIS MILLER HLTH CTR. UNIV. OF FLA.  GAINESVILLE FL 32610-7242		J HILLI	ROOM B1-3 . BOX 100242 J HILLIS MILLER HLTH CTR. UNIV. OF FLA GAINESVILLE FL 32610-7242					<u> </u>	1911 blekt bið	ı alalı alalı Gi	114 1(15) 1611		
2. Principal F	Place of Busin	ness	3. Mai	ling Address									
Suite, Apt. Room R3-		ôx 100242	Su	ite, Apt. #, etc.				<b>*</b>	HECK HERE	F MAKING	CHANGES		
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Zip 32610-0		Country	Zip		Cou	ıntry		rtificate of Sta	· · · · · · · · · · · · · · · · · · ·		\$8.75 Ad Fee Require		
	6. Name	and Address of Current	Registere	d Agent		Name	7. Nar	me and Add	ess of New Re	egistered /	\gent		
DEDNIC (	KENNETH I	M DLI D		Standard Comment	-	C. Cra	aig~Tish				<del></del>		
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G 111 120 1						City   <b>Gaines</b>	sville			FL	Zip Coc <b>3261</b>	de <b>0</b>	
		y submits this statement fo	or the purp	ose of changing its	registere	ed office or re	egistered agent	, or both, in t	he State of Flor	rida. I am f	amiliar with,	and accept	
	tions of regist	ered agent.							`				
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_		ig Tisher, M.D or printed name of registered agent					ne/C. C	ating)	<u> </u>	S/ Ce	103		
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SIGNATURE	Signature, typed FILE NOW tember 10,	or printed name of registered agent	236.25	9. Election Car	E: Registere 	d Agent signature i	\$5.00 Added to	May Be o Fees NS/CHANGE		ce Check a Depart	Payable	State	
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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 instead in property of the corporation or the receiver or instead in Block 10 or Block 11 if changed, or on an attachment within address. If all other like empowered.

SIGNATURE: James B.7 Flanegan, PPID Professor and Chairman/Treasurer

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR