

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

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

08-07-2003 90118 028 ****61.25

DOCUMENT # N32758

1. Entity Name

FLORIDA ASSOCIATION OF BASIC MEDICAL SCIENTISTS, INC.



Principal Place of Business

ROOM B1-3 . BOX 100242
J HILLIS MILLER HLTH CTR. UNIV. OF FLA.
GAINESVILLE FL 32610-7242

Mailing Address

ROOM B1-3 . BOX 100242
J HILLIS MILLER HLTH CTR. UNIV. OF FLA.
GAINESVILLE FL 32610-7242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Room R3-234, Box 100242

Suite, Apt. #, etc.

City & State

City & State

Zip

32610-0242

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2977011**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current 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**

7. Name and Address of New Registered Agent

Name
C. Craig Tisher, M.D.
Street Address (P.O. Box Number is Not Acceptable)
**Univ. of Florida College of Medicine
1600 S. W. Archer Road, Room M-110
City Gainesville FL Zip Code 32610**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/6/03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Stephen P. Baker**
STREET ADDRESS **2210 N.W. 32nd Place**
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Charles E. Wood**
STREET ADDRESS **2310 N.W. 38th Drive**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Henry V. Baker,**
STREET ADDRESS **7621 N.W. 41st Ave**
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Stephen Sugrue**
STREET ADDRESS **4621 N.W. 57th Drive**
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **James B. Flanagan**
STREET ADDRESS **4815 N.W. 53rd St.**
CITY-ST-ZIP **Gainesville, FL 32606**

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: **James B. Flanagan, M.D., Professor and Chairman/Treasurer**

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

Date

Daytime Phone #

CR2E037 (4/03)

0003451