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FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N38285 (5)

1. Corporation Name

UNIVERSITY OF FLORIDA CLINIC, INC.

Principal Place of Business

Mailing Address

% DAVID R. CHALLONER  
1600 SW ARCHER RD RM 102  
GAINESVILLE FL 32610% DAVID R. CHALLONER  
1600 SW ARCHER RD RM 102  
GAINESVILLE FL 326103. Date Incorporated or Qualified  
05/22/19903a. Date of Last Report  
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-3014576Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

CHALLONER, DAVID R.  
1600 SW ARCHER RD RM 102  
GAINESVILLE FL 32610

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when relistating)

DATE

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | D                   | <input type="checkbox"/> DELETE            |
| NAME           | CHALLONER, DAVID R. |  |
| STREET ADDRESS | 2715 NW 22ND DR     |  |
| CITY-ST-ZIP    | GAINESVILLE FL      |  |
| TITLE          | D                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | NEIMS, ALLEN H.     |  |
| STREET ADDRESS | 8519 NW 4TH PLACE   |  |
| CITY-ST-ZIP    | GAINESVILLE FL      |  |
| TITLE          | D                   | <input type="checkbox"/> DELETE            |
| NAME           | METTS, PAUL E.      |  |
| STREET ADDRESS | 3846 NW 39TH AVE    |  |
| CITY-ST-ZIP    | GAINESVILLE FL      |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | D  |
| 2.3 STREET ADDRESS | COPELAND, EDWARD M. III  |
| 2.4 CITY-ST-ZIP    | 2605 NW 7TH ROAD<br>GAINESVILLE, FL 32607                                    |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I do 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 annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

EDWARD M. COPELAND III, M.D.

1/24/97

352-392-5397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077672

CR2E037 (9/96)