

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

APR 13 2005



02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3051721

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

QUINLIVAN, JOHN
6500 NEWBERRY RD
GAINESVILLE, FL 32605

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000324684
04/22/05-80103-007 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME QUINLIVAN, JOHN
STREET ADDRESS P O BOX 147006
CITY-ST-ZIP GAINESVILLE, FL 326147006

TITLE D
NAME SCHOENFIELD, ORENE 2 MD
STREET ADDRESS 6440 WEST NEWBERRY ROAD STE 202
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE D
NAME BAILEY, GREG MD
STREET ADDRESS 6440 NEWBERRY ROAD STE 502
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE D
NAME TYLER, THOM MD
STREET ADDRESS 6440 NEWBERRY ROAD, SUITE 408
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE D
NAME BOYSEN, BETTE M.D.
STREET ADDRESS 6440 WEST NEWBERRY ROAD SUITE 111
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/05 352-333-4102