

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N46306 (9) 1. Corporation Name SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC



Principal Place of Business 42 S. MAIN STREET ALACHUA FL 32615 Mailing Address P O BOX 2157 ALACHUA FL 32615

3. Date incorporated or Qualified 01/01/1992 3a. Date of Last Report 05/01/1995 4. FEI Number 59-3112649 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, J. OCIE 408 W UNIVERSITY AVE SUITE 306 GAINESVILLE FL 32601

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 reinstating)

DATE

Table with 5 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox.

Table with 5 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4 and 2.1-2.4 (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP) and checkboxes for Change and Addition.

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: Barbara E. Richardson Barbara E. Richardson 4/25/96 462-1551 (904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

**SUWANNEE RIVER AHEC OFFICERS AND DIRECTORS**  
*(Additional Officers & Directors not listed on Corporation Annual Report form)*

**Marilyn Mesh (PD)**  
ACORN Clinic  
Rt 1 Box 59  
Brooker, Florida 32622

**Andrey E. Shively (D)**  
2800 NE 39th Avenue  
Gainesville, Florida 32609

**Nick J. Minden, DMD (D)**  
P O Box 100404  
Gainesville, Florida 32608

**Marjorie Abrams (VD)**  
Santa Fe Community College  
3000 NW 83rd Street  
Gainesville, Florida 32606-6200

**Betty A. Davidson (D)**  
P O Box 718  
Old Town, Florida 32680

**Paula L. Fugel (D)**  
P O Box 92  
Suwannee, Florida 32692

**Ellen Baker (STD)**  
Rt 3 Box 221  
P O Box 2228  
Alachua, Florida 32615

**Michael J. Vernacchio, DO (D)**  
Family Medical & Dental Center  
1302 River Street  
Palatka, Florida 32177

**Dr. Ocie Harris (D)**  
Ex-Officio Member  
Director, U of F AHEC Program  
P O Box 103581, JHMHC  
Gainesville, Florida 32601

**Linda Johns (D)**  
P O Box 1223  
Starke, Florida 32091

**Libby Nord (D)**  
102 NW 15th Street, #1  
Gainesville, Florida 32603

**Tom Belmore (D)**  
Ex-Officio Member  
Alachua CPHU  
730 N Waldo Road  
Gainesville, Florida 32601

**Jeffrey Rubin, MD (D)**  
Bradford County PHU  
329 North Church Street  
Starke, Florida 32091

**Rt 4 Box 93A**  
Jasper, Florida 32052

**Jennifer L. VandenBrook (D)**  
850 E. Main Street  
Lake Butler, Florida 32054

**Fred Peterson, MD (D)**  
U of F Clinic  
3200 SW 34th Ave  
Bld 200, Suite 201  
Ocala, Florida 34478

**Jerome Gamble (D)**  
P O Box 1388  
Ocala, Florida 34478

**Donna J. Ellis (D)**  
Rt 2 Box 342A  
Mayo, Florida 32066

**Dennis Turner (D)**  
Rt 6 Box 423-U  
Lake Butler, Florida 32025

**M. Ann Crowell (D)**  
3600 N E 15th Street  
Gainesville, Florida 32609

**Cliff Chapman (D)**  
P O Box 336  
Starke, Florida 32091

**Jana F. Hart (D)**  
Rt 2 Box 15  
Mayo, Florida 32066

**Luree Watton (D)**  
22773 98th Terrace  
Live Oak, Florida 32060