

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000438

FILED
May 04, 2005
Secretary of State

Entity Name: MILLHOPPER MEDICAL CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2341 N.W. 41ST STREET
STE. C
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

2341 N.W. 41ST STREET
STE. C
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3159565 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GATH, KRIS ANN
2341 N.W. 41ST STREET
STE. C
GAINESVILLE, FL 32606 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DESTEPHENS, JAMES B
Address: 2341 N.W. 41ST STREET, SUITE B
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: BEAUFIT, NGYET
Address: 2341 N.W. 41ST STREET, SUITE A
City-St-Zip: GAINESVILLE, FL 32606

Title: P () Delete
Name: BEAUFIT, JOHN
Address: 2341 NW 41ST ST STE A
City-St-Zip: GAINESVILLE, FL 32606

Title: ST () Delete
Name: THARP, LESLIE
Address: 2341 NW 41ST ST STE C
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: GATH, KRIS ANN
Address: 2341 NW 41ST STE C
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRIS ANN GATH

D

05/04/2005

Electronic Signature of Signing Officer or Director

Date