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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000672 (4)

1. Corporation Name
UNIVERSITY OF FLORIDA HEALTH SERVICES, INC.



Principal Place of Business P.O. BOX 100014 ROOM H102 A GAINESVILLE FL 32610	Mailing Address P.O. BOX 100014 ROOM H102 A GAINESVILLE FL 32610-0014
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2. Principal Place of Business 21 Room H102-A Suite, Apt. #, etc.	2a. Mailing Address 26 Room H102-A Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 02/08/1995	3a. Date of Last Report 10/07/1996
4. FEI Number 59-3301787	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BERNARD, PAMELA J
207 TIGERT HALL
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D (Chairperson) <input type="checkbox"/> DELETE
NAME	CHALLONER, DAVID R
STREET ADDRESS	P.O. BOX 100014 N/A
CITY-ST-ZIP	GAINESVILLE FL 32610
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	METTS, PAUL E
STREET ADDRESS	P.O. BOX 100326 N/A
CITY-ST-ZIP	GAINESVILLE FL 32610
TITLE	D (President) <input type="checkbox"/> DELETE
NAME	ROSS, WARREN E
STREET ADDRESS	P.O. BOX 100215 N/A
CITY-ST-ZIP	GAINESVILLE FL 32610
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	NIEMS, M.D., PH.D., ALLEN H
STREET ADDRESS	1600 S.W. ARCHER RD.
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	D <input type="checkbox"/> DELETE
NAME	MASTERSON, M.D., BYRON J
STREET ADDRESS	1600 S.W. ARCHER RD.
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	D (Vice Chairperson) <input type="checkbox"/> DELETE
NAME	LOMBARDI, PH.D., JOHN V
STREET ADDRESS	226 TIGERT HALL BOX 113150
CITY-ST-ZIP	GAINESVILLE FL 32610

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GAINTNER, J. RICHARD, M.D.
2.3 STREET ADDRESS	BOX 100326 N/A
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32610
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	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	COPELAND, EDWARD M., III, M.D.
4.3 STREET ADDRESS	BOX 100215 N/A
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32610
5.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MCCAGUE, BETH AYRES
5.3 STREET ADDRESS	225 WATER STREET, 11TH FLOOR
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
6.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROBERTS, CAROLYN
6.3 STREET ADDRESS	115 NE 8TH AVENUE
6.4 CITY-ST-ZIP	OCALA FL 34470

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

CR2E037 (9/96)