


FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>P.O. BOX 100014 ROOM H102-A GAINESVILLE FL 32610 US</b>	Mailing Address <b>P.O. BOX 100014 ROOM H102-A GAINESVILLE FL 32610 US</b>
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2. Principal Place of Business <b>21 1600 SW Archer Road, Suite, Apt. #, etc. Room 10-225 Gainesville, Florida City &amp; State</b>	2a. Mailing Address <b>26 P. O. Box 100327 Suite, Apt. #, etc. Gainesville, Florida City &amp; State</b>
23 Zip <b>24 32608</b>	25 Country <b>25 US</b>
26 Zip <b>29 32610</b>	27 Country <b>30 US</b>

3. Date Incorporated or Qualified <b>02/08/1995</b>	
4. FEI Number <b>59-3301787</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BERNARD, PAMELA J 207 TIGERT HALL UNIVERSITY OF FLORIDA GAINESVILLE FL 32611</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

12. OFFICERS AND DIRECTORS	
TITLE <b>DC</b>	<input type="checkbox"/> DELETE
NAME <b>CHALLONER, DAVID R</b>	
STREET ADDRESS <b>P.O. BOX 100014 N/A</b>	
CITY-ST-ZIP <b>GAINESVILLE FL</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>GAINTER, J R M.D.</b>	
STREET ADDRESS <b>BOX 100326 N/A</b>	
CITY-ST-ZIP <b>GAINESVILLE FL</b>	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE
NAME <b>ROSS, WARREN E</b>	
STREET ADDRESS <b>P.O. BOX 100215 N/A</b>	
CITY-ST-ZIP <b>GAINESVILLE FL</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>COPELAND, EDWARD M III</b>	
STREET ADDRESS <b>BOX 100215N/A</b>	
CITY-ST-ZIP <b>GAINESVILLE FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MCCAGUE, BETH AYRES</b>	
STREET ADDRESS <b>225 WATER STREET, 11TH FLOOR</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>ROBERTS, CAROLYN</b>	
STREET ADDRESS <b>115 N.E. 8TH AVE</b>	
CITY-ST-ZIP <b>OCALA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>DVC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Lombardi, John V.</b>	
1.3 STREET ADDRESS <b>P. O. Box 113150 N/A</b>	
1.4 CITY-ST-ZIP <b>Gainesville, FL 32611</b>	
2.1 TITLE <b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Gaintner, J. Richard</b>	
2.3 STREET ADDRESS <b>Box 100326 N/A</b>	
2.4 CITY-ST-ZIP <b>Gainesville, FL 32610</b>	
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 <b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Berns, Kenneth I.</b>	
4.3 STREET ADDRESS <b>Box 100215 N/A</b>	
4.4 CITY-ST-ZIP <b>Gainesville, FL 32610</b>	
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 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 if changed, or on an attachment with an address.

SIGNATURE:

*Wm Ross* 1-30-98 352-395-0581

CR2E037 (10/97)