

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90012 045 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000000672**

1. Corporation Name

**UNIVERSITY OF FLORIDA HEALTH SERVICES, INC.**

Principal Place of Business

1600 SW ARCHER ROAD  
ROOM 10-225  
GAINESVILLE FL 32608  
US

Mailing Address

P.O. BOX 100327  
GAINESVILLE FL 32610  
US



2. Principal Place of Business

21 1600 SW Archer Road

Suite, Apt. #, etc.

22 Room N1-10

City & State

23 Gainesville Florida

Zip

24 32608

Country

25 USA

2a. Mailing Address

26 PO Box 100205

Suite, Apt. #, etc.

27

City & State

28 Gainesville Florida

Zip

29 32610-0205

Country

30 USA

3. Date Incorporated or Qualified

02/08/1995

4. FEI Number

59-3301787

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

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

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          | DC                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | CHALLONER, DAVID R           |  |
| STREET ADDRESS | P.O. BOX 100014 N/A          |  |
| CITY-ST-ZIP    | GAINESVILLE FL               |  |
| TITLE          | DT                           | <input type="checkbox"/> DELETE            |
| NAME           | GAINTER, J R M.D.            |  |
| STREET ADDRESS | BOX 100326 N/A               |  |
| CITY-ST-ZIP    | GAINESVILLE FL 32610         |  |
| TITLE          | DP                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | ROSS, WARREN E               |  |
| STREET ADDRESS | P.O. BOX 100215 N/A          |  |
| CITY-ST-ZIP    | GAINESVILLE FL               |  |
| TITLE          | DS                           | <input type="checkbox"/> DELETE            |
| NAME           | BERNS, KENNETH I.            |  |
| STREET ADDRESS | BOX 100215N/A                |  |
| CITY-ST-ZIP    | GAINESVILLE FL 32610         |  |
| TITLE          | D                            | <input checked="" type="checkbox"/> DELETE |
| NAME           | MCCAGUE, BETH AYRES          |  |
| STREET ADDRESS | 225 WATER STREET, 11TH FLOOR |  |
| CITY-ST-ZIP    | JACKSONVILLE FL              |  |
| TITLE          | D                            | <input type="checkbox"/> DELETE            |
| NAME           | ROBERTS, CAROLYN             |  |
| STREET ADDRESS | 115 N.E. 8TH AVE             |  |
| CITY-ST-ZIP    | OCALA FL                     |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                 |  |
|--------------------|---------------------------------|--|
| 1.1 TITLE          | DCP                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Robert G. Frank, Ph.D.          |  |
| 1.3 STREET ADDRESS | PO Box 100185 N/A               |  |
| 1.4 CITY-ST-ZIP    | Gainesville FL 32610-0185       |  |
| 2.1 TITLE          | D                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | John V. Lombardi, Ph.D.         |  |
| 2.3 STREET ADDRESS | 226 Tigert Hall, Box 113150 N/A |  |
| 2.4 CITY-ST-ZIP    | Gainesville FL 32611            |  |
| 3.1 TITLE          | D                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | J.R. Gainter, M.D.              |  |
| 3.3 STREET ADDRESS | PO Box 100326 N/A               |  |
| 3.4 CITY-ST-ZIP    | Gainesville FL 32610-0326       |  |
| 4.1 TITLE          | D                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | Kenneth I. Berns, M.D., Ph.D.   |  |
| 4.3 STREET ADDRESS | PO Box 100215 N/A               |  |
| 4.4 CITY-ST-ZIP    | Gainesville FL 32610-0215       |  |
| 5.1 TITLE          | DST                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | Robert Garrigues, Ph.D.         |  |
| 5.3 STREET ADDRESS | PO Box 100185 N/A               |  |
| 5.4 CITY-ST-ZIP    | Gainesville FL 32610-0185       |  |
| 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-99

Date

(352) 392-2764

Daytime Phone #

CR2E037 (5/99)