

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 <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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2. Principal Place of Business 21 1600 SW Archer Road Suite, Apt. #, etc. 22 Room N1-10 City & State 23 Gainesville Florida Zip Country 24 32608 25 USA	2a. Mailing Address 26 PO Box 100205 Suite, Apt. #, etc. 27 City & State 28 Gainesville Florida Zip Country 29 32610-0205 30 USA	3. Date Incorporated or Qualified 02/08/1995	4. FEI Number 59-3301787 Applied For 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	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC NAME CHALLONER, DAVID R STREET ADDRESS P.O. BOX 100014 N/A CITY-ST-ZIP GAINESVILLE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DCP 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DT NAME GANTER, J R M.D. STREET ADDRESS BOX 100326 N/A CITY-ST-ZIP GAINESVILLE FL 32610	<input type="checkbox"/> DELETE	2.1 TITLE D 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DP NAME ROSS, WARREN E STREET ADDRESS P.O. BOX 100215 N/A CITY-ST-ZIP GAINESVILLE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS NAME BERNS, KENNETH I. STREET ADDRESS BOX 100215N/A CITY-ST-ZIP GAINESVILLE FL 32610	<input type="checkbox"/> DELETE	4.1 TITLE D 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MCCAGUE, BETH AYRES STREET ADDRESS 225 WATER STREET, 11TH FLOOR CITY-ST-ZIP JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE DST 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ROBERTS, CAROLYN STREET ADDRESS 115 N.E. 8TH AVE CITY-ST-ZIP OCALA FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 7-23-99 (352) 392-2764  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0012800  
CR2E037 (5/99)