

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000672

1. Entity Name

UNIVERSITY OF FLORIDA HEALTH SERVICES, INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90130 009 \*\*\*\*61.25

Principal Place of Business 1800 SW ARCHER ROAD ROOM N1-10 GAINESVILLE FL 32608 US	Mailing Address P.O. BOX 100205 GAINESVILLE FL 32610-0205 US
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2. Principal Place of Business Suite, Apt. #, etc. <b>Room N1-7</b>	3. Mailing Address <b>PO Box 100185</b> City & State <b>Gainesville, FL</b>
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Zip <b>32610-0185</b>	Country	Zip <b>32610-0185</b>	Country
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4. FEI Number <b>59-3301787</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BERNARD, PAMELA J</b> <b>207 TIGERT HALL</b> <b>UNIVERSITY OF FLORIDA</b> <b>GAINESVILLE FL 32611</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP FRANK, ROBERT G PO BOX 100185 N/A GAINESVILLE FL 32610-0185 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINTER, J R M.D. P.O. BOX 100326 N/A GAINESVILLE FL 32610-0326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMBARDI, JOHN V 226 TIGERT HALL, BOX 113150 N/A GAINESVILLE FL 32611 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNS, KENNETH I. P.O. BOX 100215 N/A GAINESVILLE FL 32610-0215 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GARRIGUES, ROBERT PO BOX 100185 N/A GAINESVILLE FL 32610-0185 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, CAROLYN 115 N.E. 8TH AVE OCALA FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, CHARLES E. 226 TIGERT HALL, BOX 113150 N/A GAINESVILLE, FL 32611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date: <b>2/07/00</b>	Daytime Phone #: <b>352 392 0517</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ROBERT G. FRANK</b>		

CR2E037 (9/99)