

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000672

1. Entity Name

UNIVERSITY OF FLORIDA HEALTH SERVICES, INC.

FILED

May 07, 2002 8:00 am  
Secretary of State

05-07-2002 90377 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1600 SW ARCHER ROAD  
ROOM M1-7  
GAINESVILLE FL 32610-0185  
US

P.O. BOX 100185  
GAINESVILLE FL 32610-0185  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3301787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DCP  
NAME FRANK, ROBERT G  
STREET ADDRESS PO BOX 100185 N/A  
CITY-ST-ZIP GAINESVILLE FL 32610-0185 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME GANTER, J R M.D.  
STREET ADDRESS P.O. BOX 100326 N/A  
CITY-ST-ZIP GAINESVILLE FL 32610-0326 ☒ Delete

TITLE D  
NAME Tim Goldfarb  
STREET ADDRESS PO Box 100326 N/A  
CITY-ST-ZIP Gainesville, FL 32610-0326 ☒ Change ☐ Addition

TITLE D  
NAME YOUNG, CHARLES E  
STREET ADDRESS 226 TIGERT HALL, BOX 113150  
CITY-ST-ZIP GAINESVILLE FL 32611 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BERNS, KENNETH I.  
STREET ADDRESS P.O. BOX 100215 N/A  
CITY-ST-ZIP GAINESVILLE FL 32610-0215 ☒ Delete

TITLE D  
NAME Douglas J. Barrett, MD  
STREET ADDRESS 1600 SW Archer Road, Ste H-108  
CITY-ST-ZIP Gainesville, FL 32610-0014 ☒ Change ☐ Addition

TITLE DST  
NAME GARRIGUES, ROBERT  
STREET ADDRESS PO BOX 100185 N/A  
CITY-ST-ZIP GAINESVILLE FL 32610-0185 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME ROBERTS, CAROLYN  
STREET ADDRESS 115 N.E. 8TH AVE  
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Robert G. Garrigues*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Garrigues 4/24/02 352-392-0517

Date

Daytime Phone #

CR2E037 (9/01)