2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N95000000672

Entity Name: UNIVERSITY OF FLORIDA HEALTH SERVICES, INC.

Current Principal Place of Business:

1600 SW ARCHER ROAD
ROOM N1-7
GAINESVILLE, FL 326100185 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100185
GAINESVILLE, FL 326100185 US

New Mailing Address:

FEI Number: 59-3301787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: ______________________________
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DCP ( ) Delete
Name: FRANK, ROBERT G
Address: PO BOX 100185 N/A
City-St-Zip: GAINESVILLE, FL 326100185

Title: D ( ) Delete
Name: GOLDFARB, TIM
Address: P.O. BOX 100326 N/A
City-St-Zip: GAINESVILLE, FL 326100326

Title: D ( ) Delete
Name: YOUNG, CHARLES E
Address: 226 TIGERT HALL, BOX 113150
City-St-Zip: GAINESVILLE, FL 32611

Title: D ( ) Delete
Name: BARRETT, DOUGLAS J MD
Address: 1600 SW ARCHER ROAD, STE H-108
City-St-Zip: GAINESVILLE, FL 326100014

Title: DST ( ) Delete
Name: GARRIGUES, ROBERT
Address: PO BOX 100185 N/A
City-St-Zip: GAINESVILLE, FL 326100185

Title: D ( ) Delete
Name: ROBERTS, CAROLYN
Address: 115 N.E. 8TH AVE
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT G. FRANK DCP 04/30/2004
Electronic Signature of Signing Officer or Director Date