

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000983

FILED
Feb 11, 2011
Secretary of State

Entity Name: NORTH FLORIDA FOUNDATION FOR RESEARCH AND EDUCATION, INC.

Current Principal Place of Business:

MALCOM RANDALL VAMC
1601 SW ARCHER RD (151)
GAINESVILLE, FL 326081197 US

New Principal Place of Business:

Current Mailing Address:

MALCOM RANDALL VAMC
1601 SW ARCHER RD (151)
GAINESVILLE, FL 326081197 US

New Mailing Address:

FEI Number: 59-3432918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWLING, RUTH
10000 BAY PINES BLVD
BAY PINES, FL 33744 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: MGR
Name: MITCHELL, JOY
Address: 1601 SW ARCHER RD (151)
City-St-Zip: GAINESVILLE, FL 326081135 US

Title: D
Name: CHEONG, JOSEPHA MD
Address: 1601 SW ARCHER RD. (11A)
City-St-Zip: GAINESVILLE, FL 326081135 US

Title: ST
Name: BENDER, BRADLEY S MD
Address: 1601 SW ARCHER RD (11)
City-St-Zip: GAINESVILLE, FL 326081135 US

Title: D
Name: PATEL, JAWAHARLAL PHD
Address: 1601 SW ARCHER RD (151)
City-St-Zip: GAINESVILLE, FL 326081135 US

Title: P
Name: CAPPELLO, THOMAS A MPH
Address: 1601 SW ARCHER RD
City-St-Zip: GAINESVILLE, FL 326081135 US

Title: D
Name: SCHILLING, PAUL MD
Address: 1601 SW ARCHER RD
City-St-Zip: GAINESVILLE, FL 326081135 US

I hereby 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 all other like empowered.

SIGNATURE: JOY MITCHELL

MGR

02/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date

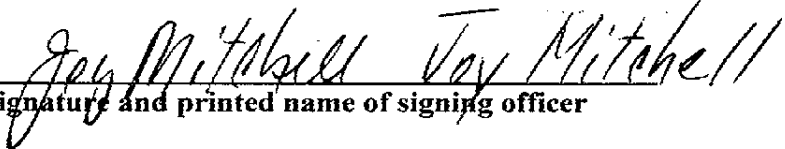
ATTACHMENT FOR 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment to Document #N97000000983

Entity Name: NORTH FLORIDA FOUNDATION FOR RESEARCH AND
EDUCATION, INC.

Additional Officers and Directors	
Title	D
Name	Carsten M. Schmalfuss, M.D.
Street Address	1601 SW Archer Rd (151)
City-St-Zip	Gainesville, Florida 32608
Title	D
Name	James Paul Albritton
Street Address	1601SW Archer Rd (151)
City-St-Zip	Gainesville FL 32608
Title	D
Name	Michael R. Bubbs, M.D.
Street Address	1601 SW Archer Rd (151)
City-St-Zip	Gainesville FL 32608

SIGNATURE


Signature and printed name of signing officer