2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N97000005726

Entity Name: UNIVERSITY HEALTH PARK MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

220 NORTH MAIN STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13116
GAINESVILLE, FL 32604

New Mailing Address:

220 NORTH MAIN STREET
GAINESVILLE, FL 32601

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBER, MARY-EVAN
220 NORTH MAIN STREET
GAINESVILLE, FL 32601 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: D ( ) Delete
Name: CROSSETTI, JAMES
Address: 530 OAK COURT DRIVE, STE. 300
City-St-Zip: MEMPHIS, TN 38117

Title: D ( ) Delete
Name: HOGSHEAD, J.A.
Address: 220 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: FUHRMEISTER, BRIAN
Address: 2033 MAIN STREET, STE. 300
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: HOGSHEAD, J. ANDREW
Address: 220 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: J. ANDREW HOGSHEAD, DIRECTOR D 04/20/2009

Electronic Signature of Signing Officer or Director — Date