2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N98000002710

Entity Name: UNIVERSITY OF FLORIDA COLLEGE OF NURSING FACULTY PRACTICE ASSOCIATION, INC.

Current Principal Place of Business:

101 S. NEWELL DRIVE
ROOM 4234
GAINESVILLE, FL 32611

New Principal Place of Business:

Current Mailing Address:

PO BOX 100197
GAINESVILLE, FL 32610

New Mailing Address:

FEI Number: 59-3513811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, MYRA D
101 S. NEWELL DRIVE
ROOM 4234
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: C ( ) Delete
Name: LONG, KATHLEEN A
Address: 101 S. NEWELL DRIVE, ROOM 4230
City-St-Zip: GAINESVILLE, FL 32611

Title: D ( ) Delete
Name: SCHENTRUP, DENISE
Address: 101 S. NEWELL DRIVE, ROOM 2234
City-St-Zip: GAINESVILLE, FL 32611

Title: ST ( ) Delete
Name: WILLIAMS, MYRA D
Address: 101 S. NEWELL DRIVE, ROOM 4234
City-St-Zip: GAINESVILLE, FL 32611

Title: D ( ) Delete
Name: BARRETT, DOUGLAS J
Address: 1600 SW ARCHER RD H 100
City-St-Zip: GAINESVILLE, FL

Title: D ( ) Delete
Name: SCHAFFER, SUSAN D
Address: 101 S. NEWELL DRIVE, ROOM 2228
City-St-Zip: GAINESVILLE, FL 32611

Title: D ( ) Delete
Name: POPPELL, ED
Address: 202 TIGERT HALL
City-St-Zip: GAINESVILLE, FL 32611

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: D (X) Change ( ) Addition
Name: CURTIS, SHERYL
Address: 101 S. NEWELL DRIVE, ROOM 2219
City-St-Zip: GAINESVILLE, FL 32611

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: MD WILLIAMS ST 04/18/2008

Electronic Signature of Signing Officer or Director — Date