

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000005616

FILED  
Apr 16, 2003  
Secretary of State

**Entity Name:** GAINESVILLE HEALTH MINISTRY VISION GROUP, INCORPORATED

**Current Principal Place of Business:**

3968 N.W. 25TH CIRCLE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

3968 N.W. 25TH CIRCLE  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 59-3650342

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAPEER, RUSSELL W  
445 N.E. 8TH AVE.  
OCALA, FL 34470 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: CADE, ROBERT M.D.  
Address: DEPT. OF MEDICINE,UNIV. OF FL HEALTH SCIEN  
City-St-Zip: GAINESVILLE, FL 32601

Title: DV ( ) Delete  
Name: DENNIS, MARY A  
Address: 4039 NEWBERRY RD  
City-St-Zip: GAINESVILLE, FL 32607

Title: DV ( ) Delete  
Name: AKPU, LINDA  
Address: 125 NW 23RD AVE, STE 9  
City-St-Zip: GAINESVILLE, FL 32609

Title: DP ( ) Delete  
Name: LYDA, CLIFF  
Address: 1001 NE 16TH AVE, STE 9  
City-St-Zip: GAINESVILLE, FL 32609

Title: DT ( ) Delete  
Name: VISSCHER, JON  
Address: 1405 NW 13TH ST  
City-St-Zip: GAINESVILLE, FL 32601

Title: DS ( ) Delete  
Name: WIECHMANN, GERALD PH.D  
Address: 3968 NW 25TH CIRCLE  
City-St-Zip: GAINESVILLE, FL 32606

**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: GERALD H. WIECHMANN

SECY

04/16/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date