

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111723

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: GFP EQUIPMENT CORPORATION

## Current Principal Place of Business:

6900 NW 9TH BLVD  
SUITE B  
GAINESVILLE, FL 32605

## New Principal Place of Business:

## Current Mailing Address:

6900 NW 9TH BLVD  
SUITE B  
GAINESVILLE, FL 32605

## New Mailing Address:

FEI Number: 59-3693086      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CARMICHAEL, PATRICK R MD  
6900 NW 9TH BLVD  
SUITE B  
GAINESVILLE, FL 32605 US

## Name and Address of New Registered Agent:

THOMPSON, DAVID A MD  
6900 NW 9TH BLVD  
GAINESVILLE, FL 32605 US

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: DAVID A THOMPSON MD

06/15/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BENCHIMOL, GEORGE M MD  
Address: 6900 NW 9TH BLVD  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: LEYTEM, BRENT A MD  
Address: 6900 NW 9TH BLVD  
City-St-Zip: GAINESVILLE, FL 32605

Title: DVP ( ) Delete  
Name: THOMPSON, DAVID A MD  
Address: 6900 NW 9TH BLVD  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: SHANNON, KAREN W  
Address: 6900 NW 9TH BLVD  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: BRODSKY, HAL MD  
Address: 6900 NW 9TH BLVD  
City-St-Zip: GAINESVILLE, FL 32605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BENCHIMOL, GEORGE M MD  
Address: 6900 NW 9TH BLVD  
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change ( ) Addition  
Name: CARMICHAEL, PATRICK R MD  
Address: 6900 NW 9TH BLVD  
City-St-Zip: GAINESVILLE, FL 32605

Title: DVP (X) Change ( ) Addition  
Name: BRODSKY, HAL M MD  
Address: 6900 NW 9TH BLVD  
City-St-Zip: GAINESVILLE, FL 32605

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

Title: DP (X) Change ( ) Addition  
Name: THOMPSON, DAVID A MD  
Address: 6900 NW 9TH BLVD  
City-St-Zip: GAINESVILLE, FL 32605

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A THOMPSON, MD

DP

06/15/2009

Electronic Signature of Signing Officer or Director

Date