

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111723

FILED  
Apr 10, 2012  
Secretary of State

Entity Name: GFP EQUIPMENT CORPORATION

**Current Principal Place of Business:**

6900 NW 9TH BLVD  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

6900 NW 9TH BLVD  
GAINESVILLE, FL 32605

**New Mailing Address:**

FEI Number: 59-3693086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMPSON, DAVID A MD  
6900 NW 9TH BLVD  
GAINESVILLE, FL 32605 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  
Name: BENCHIMOL, GEORGE M MD  
Address: 6900 NW 9TH BLVD  
City-St-Zip: GAINESVILLE, FL 32605

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

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

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

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

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

SIGNATURE: DAVID A THOMPSON, MD

D

04/10/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date