

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000025553

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** GAINESVILLE MEDICAL PHYSICS GROUP, INC.

**Current Principal Place of Business:**

12691 N.E. 131ST PLACE  
ARCHER, FL 32618

**New Principal Place of Business:**

**Current Mailing Address:**

12691 N.E. 131ST PLACE  
ARCHER, FL 32618

**New Mailing Address:**

**FEI Number:** 59-3568251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HINTENLANG, KATHLEEN M PH.D.  
12691 N.E. 131ST PLACE  
ARCHER, FL 32618 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: VD  
Name: HINTENLANG, DAVID E PHD  
Address: 12691 NE 131 PLACE  
City-St-Zip: ARCHER, FL 32618

Title: PD  
Name: HINTENLANG, KATHLEEN M PHD  
Address: 12691 NE 131 PL  
City-St-Zip: ARCHER, FL 32618

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: KATHLEEN M HINTENLANG, PHD

PD

01/11/2012

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

\_\_\_\_\_  
Date