

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712152

Entity Name: ALACHUA COUNTY MEDICAL SOCIETY, INC.**Current Principal Place of Business:**235 SOUTHWEST SECOND AVENUE
GAINESVILLE, FL 32601**Current Mailing Address:**235 SOUTHWEST SECOND AVENUE
GAINESVILLE, FL 32601**FEI Number:** 59-1112977**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OWENS, JACQUELINE
235 S W 2ND AVE
GAINESVILLE, FL 32601 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:** JACQUELINE OWENS

03/19/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT
Name WINCHESTER, DAVID MD
Address 235 SOUTHWEST SECOND AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title EVP
Name OWENS, JACQUELINE
Address 235 S W 2ND AVE
City-State-Zip: GAINESVILLE FL 32601

Title TREASURER
Name DRAGSTEDT, CARL A DO
Address 235 SW 2ND AVE
City-State-Zip: GAINESVILLE FL 32601

Title PRESIDENT
Name KHUDDUS, MATHEEN MD
Address 235 SOUTHWEST SECOND AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title VP
Name RYAN, MATTHEW MD
Address 235 SOUTHWEST SECOND AVENUE
City-State-Zip: GAINESVILLE FL 32601

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

SIGNATURE: JACQUELINE OWENS**EXECUTIVE VICE
PRESIDENT**

03/19/2019

Electronic Signature of Signing Officer/Director Detail

Date