2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2018
Secretary of State
CC7051803781

DOCUMENT# 750640

Entity Name: J. HILLIS MILLER HEALTH CENTER GIFT SHOP, INC.

Current Principal Place of Business:

BOX 100324
SHANDS TEACHING HOSPITAL & CLINICS
GAINESVILLE, FL 32610-0324

Current Mailing Address:

BOX 100324
SHANDS TEACHING HOSPITAL & CLINICS
GAINESVILLE, FL 32610-0324 US

FEI Number: 59-1984077

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH-VANIZ, ESTHER
3218 NW 57TH TERRACE
GAINESVILLE, FL 32606 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: ESTHER SMITH-VANIZ 03/25/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	SMITH-VANIZ, ESTHER
Address	3218 NW 57TH TERRACE
City-State-Zip:	GAINESVILLE FL 32606

Title	TREASURER
Name	RIGGS, CHRISTINE
Address	5025 NW 51ST PLACE
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR
Name	LICHT, JOANNE
Address	2924 SW 106 STREET
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	RIVKEES, CHRISTINA
Address	406 NE 7TH AVENUE
City-State-Zip:	GAINESVILLE FL 32601

Title	PRESIDENT ELECT
Name	ALLEGRA, LINDA
Address	4147 SW 96TH DR
City-State-Zip:	GAINESVILLE FL 32608

Title	SECRETARY
Name	YALE, CAROLINE
Address	8520 SW 99TH PLACE
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	CAREK, PATTY
Address	3520 SW 87TH DRIVE
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	GRAHAM, SUZI
Address	5236 NW 47TH LANE
City-State-Zip:	GAINESVILLE FL 32606

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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: ESTHER SMITH-VANIZ PRESIDENT 03/25/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SEAGLE, KATHRYN
Address	3915 NW 21ST LANE
City-State-Zip:	GAINESVILLE FL 32605