2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2019
Secretary of State
5181145766CC

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:

ALLEGRA, LINDA
4147 SW 96TH DR
GAINESVILLE, FL 32608 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: LINDA ALLEGRA 02/18/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

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

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

Title	DIRECTOR
Name	LICHT, JOANNE
Address	2924 SW 106 STREET
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	RIVKEES, CHRISTINA
Address	406 NE 7TH AVENUE
City-State-Zip:	GAINESVILLE FL 32601

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: LINDA ALLEGRA PRESIDENT 02/18/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SMITH, BEVERLY
Address	25552 NW 9TH ROAD
City-State-Zip:	NEWBERRY FL 32669

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