

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

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:

SEAGLE, KATHRYN
2820 NW 5TH CT
GAINESVILLE, FL 32607 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: KATHRYN SEAGLE

04/29/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SD	Title	TD
Name	ALLEGRA, LINDA	Name	RIGGS, CHRISTINE
Address	4147 SW 96TH DR	Address	5025 NW 51ST PL
City-State-Zip:	GAINESVILLE FL 32608	City-State-Zip:	GAINESVILLE FL 32606

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: CHRISTINE RIGGS

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date