2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2024
Secretary of State
6697625737CC

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:

LICHT, JOANNE
2924 SW 106TH STREET
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: JOANNE LICHT 01/27/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

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

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

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

Title	SECRETARY
Name	ALLEGRA, LINDA
Address	85 MOONRISE WAY
City-State-Zip:	ST. AUGUSTINE FL 32080

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

Title	DIRECTOR
Name	SMITH-VANIZ, ESTHER
Address	2474 NW 77TH BLVD APARTMENT CY5001
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: JOANNE HIRSCHTRITT LICHT PRESIDENT 01/27/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KOSBOTH, SHARON
Address	4306 SW 94TH DRIVE
City-State-Zip:	GAINESVILLE FL 32608