

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001731

**Entity Name:** MEDISHARE, INCORPORATED

**Current Principal Place of Business:**

9044 SW 79TH AVE  
GAINESVILLE, FL 32608-8722

**Current Mailing Address:**

9044 SW 79TH AVE  
GAINESVILLE, FL 32608-8722 US

**FEI Number:** 59-3249389

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WHARTON, WILLIAM L  
9044 SW 79TH AVE  
GAINESVILLE, FL 32608-8722 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name BIDWELL, JOHN A DR.  
Address 3290 CREEK STABLE RD  
City-State-Zip: TALLAHASSEE FL 32310

Title D  
Name CAMPS, JOSEPH LJR  
Address 3800 BOBBIN BROOK CIRCLE  
City-State-Zip: TALLAHASSEE FL 32312

Title PD  
Name WHARTON, WILLIAM L  
Address 9044 SW 79TH AVE  
City-State-Zip: GAINESVILLE FL 32608-8722

Title D  
Name WILLIAMS, WILLIAM N  
Address 1501 N.W. 46TH TERRACE  
City-State-Zip: GAINESVILLE FL 32605-4562

Title VP, D  
Name WHARTON, LYUBOV  
Address 9044 SW 79TH AVE  
City-State-Zip: GAINESVILLE FL 32608-8722

*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:** WILLIAM L WHARTON

**PRESIDENT, DIRECTOR**

**03/07/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date