

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002711

1. Entity Name

FLORIDA HEALTH PROFESSIONS ASSOCIATION, INC.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90002 012 \*\*\*\*61.25

Principal Place of Business 1600 SW ARCHER ROAD, STE. N1-2 GAINESVILLE FL 32610-0185	Mailing Address P.O. BOX 100185 GAINESVILLE FL 32631-0185
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3563965</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**STALLINGS, LINDA**  
**1600 SW ARCHER ROAD, STE. N1-2**  
**GAINESVILLE FL 32610**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code **32610-0185**

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FRANK, ROBERT G PHD</b> <b>1600 SW ARCHER ROAD, STE. N1-2</b> <b>GAINESVILLE FL 32610-0185</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>ROZENSKY, RONALD H PHD</b> <b>1600 SW ARCHER ROAD, STE. N1-2</b> <b>GAINESVILLE FL 32610-0185</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>CRARY, MICHAEL A PHD</b> <b>1600 SW ARCHER ROAD, STE. N1-2</b> <b>GAINESVILLE FL 32610-0185</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERNS, KENNETH I MD, PHD</b> <b>1600 SW ARCHER ROAD, STE. N1-2</b> <b>GAINESVILLE FL 32610-0185</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHAFFER, GERALD</b> <b>1600 SW ARCHER ROAD, STE. N1-2</b> <b>GAINESVILLE FL 32610-0185</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert G Frank **2/16/00** **352-392-0517**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)