

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90063 016 ****61.25

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DOCUMENT # N98000002711

1. Entity Name

FLORIDA HEALTH PROFESSIONS ASSOCIATION, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

32610-0185



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3563965

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANK, ROBERT G PHD	
STREET ADDRESS	1600 SW ARCHER ROAD, STE. N1-2	
CITY-ST-ZIP	GAINESVILLE FL 32610-0185	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROZENSKY, RONALD H PHD	
STREET ADDRESS	1600 SW ARCHER ROAD, STE. N1-2	
CITY-ST-ZIP	GAINESVILLE FL 32610-0185	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CRARY, MICHAEL A PHD	
STREET ADDRESS	1600 SW ARCHER ROAD, STE. N1-2	
CITY-ST-ZIP	GAINESVILLE FL 32610-0185	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNS, KENNETH I MD, PHD	
STREET ADDRESS	1600 SW ARCHER ROAD, STE. N1-2	
CITY-ST-ZIP	GAINESVILLE FL 32610-0185	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHAFFER, GERALD	
STREET ADDRESS	1600 SW ARCHER ROAD, STE. N1-2	
CITY-ST-ZIP	GAINESVILLE FL 32610-0185	
TITLE	D	<input type="checkbox"/> Delete
NAME	STALLINGS, LINDA W	
STREET ADDRESS	1600 SW ARCHER RD/ STE N 1-2	
CITY-ST-ZIP	GAINESVILLE FL 32610	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Poppell, Ed	
STREET ADDRESS	1600 SW Archer, Road, Ste, N1-2	
CITY-ST-ZIP	Gainesville, FL 32610-0185	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01 352-392-0517
 Date Daytime Phone #

CR2E037 (10/00)