

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90377 026 ****61.25

DOCUMENT # N98000002711

1. Entity Name

FLORIDA HEALTH PROFESSIONS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1600 SW ARCHER ROAD, STE. N1-2
 GAINESVILLE FL 32610-0185

P.O. BOX 100185
 GAINESVILLE FL 32610-0185

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3563965

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D James Hall, III, PhD. 1600 SW Archer Road, Ste N1-2 Gainesville, FL 32610-0185	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Douglas J. Barrett, MD 1600 SW Archer Road, Ste, N1-2 Gainesville, FL 32610-0185	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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: *Linda W. Stallings* **LINDA W. STALLINGS 352-392-2739**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)