


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

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 32610-0185		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 32610-0185				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANK, ROBERT G PHD		NAME	U000000143316	
STREET ADDRESS	1600 SW ARCHER ROAD, STE. N1-2		STREET ADDRESS	04/30/04-80085-025 61.25	
CITY-ST-ZIP	GAINESVILLE, FL 326100185		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROZENSKY, RONALD H PHD		NAME		
STREET ADDRESS	1600 SW ARCHER ROAD, STE. N1-2		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 326100185		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, JAMES III		NAME		
STREET ADDRESS	1600 SW ARCHER ROAD, STE. N1-2		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 326100185		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRETT, DOUGLAS J MD		NAME		
STREET ADDRESS	1600 SW ARCHER ROAD, STE. N1-2		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 326100185		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POPPELL, ED		NAME		
STREET ADDRESS	1600 SW ARCHER ROAD, STE. N1-2		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 326100185		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STALLINGS, LINDA W		NAME		
STREET ADDRESS	1600 SW ARCHER RD/ STE N 1-2		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32610		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: <i>Linda W. Stallings</i>		Linda W. Stallings		4/29/04 352-273-6193	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Director		Date Daytime Phone #	