


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90033 028 ****61.25

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**

50015748



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

02092005 Chg-NP CR2E037 (10/03)

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

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

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. 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, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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 Delete
 NAME FRANK, ROBERT G PHD
 STREET ADDRESS 1600 SW ARCHER ROAD, STE. N1-2
 CITY-ST-ZIP GAINESVILLE, FL 326100185

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DV Delete
 NAME ROZENSKY, RONALD H PHD
 STREET ADDRESS 1600 SW ARCHER ROAD, STE. N1-2
 CITY-ST-ZIP GAINESVILLE, FL 326100185

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD Delete
 NAME HALL, JAMES III
 STREET ADDRESS 1600 SW ARCHER ROAD, STE. N1-2
 CITY-ST-ZIP GAINESVILLE, FL 326100185

TITLE STD Change Addition
 NAME Rosenbek, John C. Ph.D.
 STREET ADDRESS 1600 SW Archer Rd, Ste N1-2
 CITY-ST-ZIP Gainesville, FL 32610-0185

TITLE D Delete
 NAME BARRETT, DOUGLAS J MD
 STREET ADDRESS 1600 SW ARCHER ROAD, STE. N1-2
 CITY-ST-ZIP GAINESVILLE, FL 326100185

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME POPPELL, ED
 STREET ADDRESS 1600 SW ARCHER ROAD, STE. N1-2
 CITY-ST-ZIP GAINESVILLE, FL 326100185

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME STALLINGS, LINDA W
 STREET ADDRESS 1600 SW ARCHER RD/ STE N 1-2
 CITY-ST-ZIP GAINESVILLE, FL 32610

TITLE Change 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* 2/11/05 Date Daytime Phone #