


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91020 034 \*\*\*\*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**      **P.O. BOX 100185**  
**GAINESVILLE FL 32610-0185**      **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

**10020000**



CHECK HERE IF MAKING CHANGES

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 32610-0185**

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 \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FRANK, ROBERT G PHD</b>	
STREET ADDRESS	<b>1600 SW ARCHER ROAD, STE. N1-2</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32610-0185</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>ROZENSKY, RONALD H PHD</b>	
STREET ADDRESS	<b>1600 SW ARCHER ROAD, STE. N1-2</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32610-0185</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, JAMES III</b>	
STREET ADDRESS	<b>1600 SW ARCHER ROAD, STE. N1-2</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32610-0185</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARRETT, DOUGLAS J MD</b>	
STREET ADDRESS	<b>1600 SW ARCHER ROAD, STE. N1-2</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32610-0185</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POPPELL, ED</b>	
STREET ADDRESS	<b>1600 SW ARCHER ROAD, STE. N1-2</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32610-0185</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STALLINGS, LINDA W</b>	
STREET ADDRESS	<b>1600 SW ARCHER RD/ STE N 1-2</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32610</b>	

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
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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	

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*      2/26/03      352-392-0517

CR2E037 (10/02)