SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 26 AM 10:18
SEC
TALLAHASSEE, FLORIDA

DOCUMENT # N38253 (3)

1. Corporation Name

FLORIDA CHAPTER OF THE AMERICAN ASSOCIATION OF P HYSICIST IN MEDICINE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7928 SKIPPER LANE TALLAHASSEE FL 32311	7928 SKIPPER LANE TALLAHASSEE FL 32311

3. Date Incorporated or Qualified: 05/18/1990
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2996423 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 4806 Londonderry Dr.	26 4806 Londonderry Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, Florida	City & State 28 Tampa, Florida
Zip 24 33647 Country 25 U.S.A.	Zip 29 33647 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

LONG, JEFFREY M.
7928 SKIPPER LANE
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] Pres JEFFRE M. LONG (NOTE: Registered Agent signature required when mandatory) DATE: 7-20-95

CR2E037 (3/95)

12. CC OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	D	11 TITLE	DST ☑ Change ☐ Addition
NAME	FERRAS, IGNACIO A., III	12 NAME	Ferras, Ignacio A., III
STREET ADDRESS	16047 PENWOOD DR.	13 STREET ADDRESS	4806 Londonderry Dr.
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, Fla 33647
TITLE	DTS	21 TITLE	DP ☑ Change ☐ Addition
NAME	LONG, JEFFREY M.	22 NAME	
STREET ADDRESS	7928 SKIPPER LANE	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D ☑ Change ☐ Addition
NAME	NORIEGA, BRIAN	32 NAME	Bill Huft
STREET ADDRESS	12901 MAGNOLIA DR.	33 STREET ADDRESS	225 Virginia St.
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	Punta Gorda Fla. 33950
TITLE	D	41 TITLE	D ☑ Change ☐ Addition
NAME	SAINI, DALJIT	42 NAME	Roy Landers
STREET ADDRESS	1350 SO. HICKORY ST.	43 STREET ADDRESS	3863 Bee Ridge Rd.
CITY-ST-ZIP	MELBOURNE FL	44 CITY-ST-ZIP	Sarasota, Fl 34233
TITLE	DP	51 TITLE	☑ Change ☐ Addition
NAME	COLEMAN, KENNETH	52 NAME	
STREET ADDRESS	2801 HANDER OAKS AVE	53 STREET ADDRESS	Delete
CITY-ST-ZIP	VALRICO FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] Jeffrey M. Long 7-20-95 904-68-3520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002751