2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007184

1. Entity Name

FIPA REGION #13, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State
07-12-2000 90005 020 ****61.25

Principal Place of Business	Mailing Address
2691 JENKS AVE. PANAMA CITY FL 32405	2691 JENKS AVE. PANAMA CITY FL 32405-4351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3553137 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRUCE, WILLIAM G
2691 JENKS AVE.
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name: TOM M'ALLISTER

Street Address (P.O. Box Number is Not Acceptable): 2808 REMINGTON GREEN NORTH, Suite J

City: TALLAHASSEE **FL** Zip Code: 32308

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: Tom M'Allister Tom M'Allister 1-14-2000
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	D BRUCE, WILLIAM G M.D. 520 N. MACARTHUR AVE. PANAMA CITY FL 32401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNT, PAULA M.D. 2624 JENKS AVE. PANAMA CITY FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hunt, Paul M.D.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IMBER, PETER M.D. 3 MIRACLE STRIP LOOP PANAMA CITY BEACH FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORTEGA, VICTOR M.D. 2202 STATE AVE., STE. 108 PANAMA CITY FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STROHMENGER, JAMES M.D. 527 N. PALO ALTO AVE. PANAMA CITY FL 32401-.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEGER, PETER M.D. 3627 TRANSMITTER RD PANAMA CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CFI2E037 (9/99)

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: SIG William R GOUBEAUX Jan 10, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #