

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736358

Entity Name: FLORIDA CLINICAL PRACTICE ASSOCIATION, INC.

Current Principal Place of Business:

CO WAYNE THARP
1329 SW 16 STREET, ROOM 4190
GAINESVILLE, FL 32608

Current Mailing Address:

CO WAYNE THARP
BOX 100205
GAINESVILLE, FL 32610-0205 US

FEI Number: 59-1680273

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THARP, WILLIAM W
1329 SW 16TH STREET ROOM 4190
GAINESVILLE, FL 32608 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MANCUSO, ANTHONY A DR.
Address PO BOX 100205
City-State-Zip: GAINESVILLE FL 32610-0205

Title VD
Name THARP, WILLIAM W
Address PO BOX 100205
City-State-Zip: GAINESVILLE FL 32610-0205

Title VD
Name HROMAS, ROBERT DR.
Address PO BOX 100205
City-State-Zip: GAINESVILLE FL 32610-0205

Title STD
Name FRIEDMAN, WILLIAM A. DR.
Address PO BOX 100205
City-State-Zip: GAINESVILLE FL 32610-0205

Title VD
Name BEHRNS, KEVIN E DR.
Address PO BOX 100205
City-State-Zip: GAINESVILLE FL 32610-0205

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM W. THARP

EXEC VICE PRESIDENT

03/11/2015

Electronic Signature of Signing Officer/Director Detail

Date