

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005223

**Entity Name:** NORTH FLORIDA IPA, INC.**Current Principal Place of Business:**4500 NEWBERRY ROAD  
GAINESVILLE, FL 32607**Current Mailing Address:**4500 NEWBERRY ROAD  
GAINESVILLE, FL 32607**FEI Number:** 27-2715932**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, MICHAEL A  
4500 NEWBERRY ROAD  
GAINESVILLE, FL 32607 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 D,P  
Name GLOWASKY, ANN MD  
Address 4340 W NEWBERRY ROAD  
City-State-Zip: GAINESVILLE FL 32607

Title D,VP  
Name CROUSHORE, ELMER MD  
Address 1121 NW 64TH TERRACE #A  
City-State-Zip: GAINESVILLE FL 32605

Title ASST. TREASURER  
Name ANDERSON, MICHAEL A  
Address 4500 W NEWBERRY ROAD  
City-State-Zip: GAINESVILLE FL 32607

Title D,T  
Name WILSON, CHARLES MD  
Address 6500 W NEWBERRY ROAD  
City-State-Zip: GAINESVILLE FL 32607

Title D,S  
Name SHINN, JASON MD  
Address 4500 W NEWBERRY ROAD  
City-State-Zip: GAINESVILLE FL 32607

*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: MICHAEL A. ANDERSON****CFO****04/26/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date