

2013 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,T
Name	WILSON, CHARLES MD
Address	6500 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	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: GLOWASKY , ANN MD**DIRECTOR****04/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date