FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:26

DOCUMENT # **724248** (0)

1. Corporation Name
FLORIDA ACADEMY OF FAMILY PHYSICIANS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1627 ROGERO ROAD JACKSONVILLE FL 32211-4866	1627 ROGERO ROAD JACKSONVILLE FL 32211-4866

3. Date Incorporated or Qualified: 08/31/1972
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-6138054 ☐ 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 ☐ — $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MOORES, MARTHA J.
1627 ROGERO ROAD
SUITE 229
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LARIMORE, WALTER M.D.	1.2 NAME	Thomas Hicks, M.D.	in position
STREET ADDRESS	825 E OAK ST	1.3 STREET ADDRESS	3258 N Monroe St	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	PD	2.1 TITLE	William Belk, M.D. PD	☒ Change ☐ Addition
NAME	HICKS, THOMAS L. M.D	2.2 NAME	4501 N Davis Hwy., Ste A	in position
STREET ADDRESS	3258 N MONROE ST	2.3 STREET ADDRESS	Pensacola, FL 32503-2770	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	BELK, WILLIAM M.D.	3.2 NAME	Daniel Van Durme, M.D.	
STREET ADDRESS	4501 N DAVIS HWY STE A	3.3 STREET ADDRESS	9212 Dayflower Drive	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Tampa, Florida 33647	
TITLE	STD	4.1 TITLE	STD	☐ Change ☒ Addition
NAME	ANDERSON, MERRILL M	4.2 NAME	Richard Hays, M.D.	
STREET ADDRESS	2708 ST. JOHNS AVENUE	4.3 STREET ADDRESS	5700 Lake Worth Rd. Ste 103	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Lake Worth, Florida 33463	
TITLE	CD	5.1 TITLE	CD	☒ Change ☐ Addition
NAME	HENDRICKSON, ROMAN M.D.	5.2 NAME	Walter Larimore, M.D.	in position
STREET ADDRESS	621 S NOVA RD	5.3 STREET ADDRESS	825 E Oak St	
CITY-ST-ZIP	ORMOND BCH FL	5.4 CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	M	6.1 TITLE		☐ Change ☐ Addition
NAME	MOORES, MARTHA J. CAE	6.2 NAME		
STREET ADDRESS	1627 ROGERO RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 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 if changed, or on an attachment with an address.

SIGNATURE: Martha J. Moores 1/17/95 (904) 743-6304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Martha J. Moores, CAE, Executive Vice President

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