

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 724248 (0)**

1. Corporation Name

**FLORIDA ACADEMY OF FAMILY PHYSICIANS, INC.**

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

**02/02/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-6138054**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORES, MARTHA J.  
1627 ROGERO ROAD  
~~8000 229~~  
JACKSONVILLE FL 32211**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME CD  
STREET ADDRESS 825 E OAK ST  
CITY-STATE-ZIP KISSIMMEE FL

1.1 TITLE PD Change ☒ Addition

1.2 NAME Belk, William, M.D.  
1.3 STREET ADDRESS 4501 N Davis Hwy., Ste A  
1.4 CITY-STATE-ZIP Pensacola, FL 32503

TITLE PD ☐ DELETE

NAME HICKS, THOMAS L. M.D.  
STREET ADDRESS 3258 N MONROE ST  
CITY-STATE-ZIP TALLAHASSEE FL

2.1 TITLE PD ☒ Change ☒ Addition

2.2 NAME VanDurme, Daniel, M.D.  
2.3 STREET ADDRESS 9212 Dayflower Drive  
2.4 CITY-STATE-ZIP Tampa, Florida 33647

TITLE PD ☐ DELETE

NAME BELK, WILLIAM M.D.  
STREET ADDRESS 4501 N DAVIS HWY STE A  
CITY-STATE-ZIP PENSACOLA FL

3.1 TITLE PD ☒ Change ☒ Addition

3.2 NAME Jerry Boland, M.D.  
3.3 STREET ADDRESS 2309 Armistead Rd.  
3.4 CITY-STATE-ZIP Tallahassee, FL 32312

TITLE STD ☐ DELETE

NAME ANDERSON, MERRILL M  
STREET ADDRESS 2708 ST. JOHNS AVENUE  
CITY-STATE-ZIP JACKSONVILLE FL

4.1 TITLE STD ☒ Change ☒ Addition

4.2 NAME Richard Hays, M.D.  
4.3 STREET ADDRESS 5700 Lake Worth Rd., Ste 103  
4.4 CITY-STATE-ZIP Lake Worth, FL 33463

TITLE CD ☐ DELETE

NAME HENDRICKSON, ROMAN M.D.  
STREET ADDRESS 621 S NOVA RD  
CITY-STATE-ZIP ORMOND BCH FL

5.1 TITLE CD ☐ Change ☐ Addition

5.2 NAME Thomas Hicks, M.D.  
5.3 STREET ADDRESS 3258 N. Monroe St.  
5.4 CITY-STATE-ZIP Tallahassee, FL 32303

TITLE M ☐ DELETE

NAME MOORES, MARTHA J. CAE  
STREET ADDRESS 1627 ROGERO RD  
CITY-STATE-ZIP JACKSONVILLE FL

6.1 TITLE M ☐ Change ☐ Addition

6.2 NAME Moores, Martha J. CAE, EVP  
6.3 STREET ADDRESS 1627 Rogero Rd.  
6.4 CITY-STATE-ZIP Jacksonville, FL 32211

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)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/25/96* *(904)743-6304*  
Date Daytime Phone #

CR2E037 (12/95)