

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32211-48661627 ROGERO ROAD  
JACKSONVILLE FL 32211-48663. Date Incorporated or Qualified  
08/31/19723a. Date of Last Report  
01/31/19962. Principal Place of Business  
21 1627 Rogero Rd.2a. Mailing Address  
26 same4. FEI Number  
59-6138054Applied For  
Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required23 City & State  
Jacksonville, FL

28 City &amp; State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 Zip 32211 Country USA

29 Zip Country

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  
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE  
NAME BELK, WILLIAM M  
STREET ADDRESS 4501 N. DAVIS HWY., SUITE A  
CITY-ST-ZIP PENSACOLA FL1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME Daniel Van Durme, M.D.  
1.3 STREET ADDRESS 9212 Dayflower Drive  
1.4 CITY-ST-ZIP Tampa, FL 33647TITLE PD ☒ DELETE  
NAME HICKS, THOMAS L. M.D.  
STREET ADDRESS 3258 N MONROE ST  
CITY-ST-ZIP TALLAHASSEE FL2.1 TITLE TD ☐ Change ☒ Addition  
2.2 NAME Alma Littles, M.D.  
2.3 STREET ADDRESS 1301 Hodges Drive  
2.4 CITY-ST-ZIP Tallahassee, FL 32308TITLE PD ☒ DELETE  
NAME BELK, WILLIAM M.D.  
STREET ADDRESS 4501 N DAVIS HWY STE A  
CITY-ST-ZIP PENSACOLA FL3.1 TITLE PED ☐ Change ☒ Addition  
3.2 NAME Jerry Boland, M.D.  
3.3 STREET ADDRESS 2309 Armistead Rd.  
3.4 CITY-ST-ZIP Tallahassee, FL 32312TITLE STD ☒ DELETE  
NAME ANDERSON, MERRILL M  
STREET ADDRESS 2708 ST. JOHNS AVENUE  
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE VD ☐ Change ☒ Addition  
4.2 NAME Richard Hays, M.D.  
4.3 STREET ADDRESS 5700 Lake Worth Rd. #103  
4.4 CITY-ST-ZIP Lake Worth, FL 33463TITLE CD ☒ DELETE  
NAME HENDRICKSON, ROMAN M.D.  
STREET ADDRESS 621 S NOVA RD  
CITY-ST-ZIP ORMOND BCH FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE M ☐ DELETE  
NAME MOORES, MARTHA J. CAE  
STREET ADDRESS 1627 ROGERO RD  
CITY-ST-ZIP JACKSONVILLE FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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, Exec. Vice Pres 1/13/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 743-6304

Daytime Phone #0005430

CR2E037 (9/96)