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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724248** (0)
1. Corporation Name
FLORIDA ACADEMY OF FAMILY PHYSICIANS, INC.



Principal Place of Business 1627 ROGERO ROAD JACKSONVILLE FL 32211-4866	Mailing Address 1627 ROGERO ROAD JACKSONVILLE FL 32211-4866
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2. Principal Place of Business 21 6720 Atlantic Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 6720 Atlantic Blvd. Suite, Apt. #, etc.
City & State 23 Jacksonville, Florida Zip 24 32211	City & State 28 Jacksonville, Florida Zip 29 32211
Country 25 Duval	Country 30 Duval

3. Date Incorporated or Qualified 08/31/1972	4. FEI Number 59-6138054	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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
81 Name Martha J. Moores
82 Street Address (P.O. Box Number is Not Acceptable) 6720 Atlantic Blvd.
83
84 City Jacksonville FL 85 Zip Code 32211

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 Martha J. Moores
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/98

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME DANIEL VAN DURME, M.D.	
STREET ADDRESS 9212 DAYFLOWER DR.	
CITY-ST-ZIP TAMPA FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME ALMA LITTLES, M.D.	
STREET ADDRESS 1301 HODGES DR.	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE PED	<input checked="" type="checkbox"/> DELETE
NAME JERRY BOLAND, M.D.	
STREET ADDRESS 2309 ARMISTEAD RD.	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME RICHARD HAYS, M.D.	
STREET ADDRESS 5700 LAKE WORTH RD. #103	
CITY-ST-ZIP LAKE WORTH FL	
TITLE M	<input type="checkbox"/> DELETE
NAME MOORES, MARTHA J. CAE	
STREET ADDRESS 1627 ROGERO RD	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Jerry Boland, M.D.	
1.3 STREET ADDRESS 2309 Armistead Rd.	
1.4 CITY-ST-ZIP Tallahassee, Florida 32312	
2.1 TITLE PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Richard Hays, M.D.	
2.3 STREET ADDRESS 5700 Lake Worth Rd. Ste 103	
2.4 CITY-ST-ZIP Lake Worth, FL 33463	
3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME George Harris, M.D.	
3.3 STREET ADDRESS 5289 Enclave Drive	
3.4 CITY-ST-ZIP Oldsmar, Florida 34677	
4.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Alma Littles, M.D.	
4.3 STREET ADDRESS 1301 Hodges Drive	
4.4 CITY-ST-ZIP Tallahassee, Florida 32308	
5.1 TITLE M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Martha J. Moores, CAE	
5.3 STREET ADDRESS 6720 Atlantic Blvd.	
5.4 CITY-ST-ZIP Jacksonville, Florida 32211	
6.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Daniel Van Durme, M.D.	
6.3 STREET ADDRESS 9212 Dayflower Drive	
6.4 CITY-ST-ZIP Tampa, Florida 33647	

14. I 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/98
Date

(904)726-0944
Daytime Phone # 0005356

CR2E037 (10/97)