

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90012 033 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724248

1. Corporation Name

FLORIDA ACADEMY OF FAMILY PHYSICIANS, INC.

Principal Place of Business

6720 ATLANTIC BLVD
JACKSONVILLE FL 32211
US

Mailing Address

6720 ATLANTIC BLVD
JACKSONVILLE FL 32211
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/31/1972

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

9. Name and Address of Current Registered Agent

MOORES, MARTHA J
6720 ATLANTIC BLVD
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

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 *Martha J. Moores*

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

(NOTE: Registered Agent signature required when reinstating)

1/9/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BOLAND, JERRY M**
STREET ADDRESS **2309 ARMISTEAD RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **PED** ☐ DELETE
NAME **HAYS, RICHARD M**
STREET ADDRESS **5700 LAKE WORTH RD STE 103**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **TD** ☐ DELETE
NAME **HARRIS, GEORGE M**
STREET ADDRESS **5289 ENCLAVE DRIVE**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **VD** ☐ DELETE
NAME **LITTLES, ALMA M**
STREET ADDRESS **1301 HODGES DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **M** ☐ DELETE
NAME **MOORES, MARTHA J. CAE**
STREET ADDRESS **6720 ATLANTIC BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **CD** ☐ DELETE
NAME **VAN DURME, DANIEL M**
STREET ADDRESS **9212 DAYFLOWER DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Richard Hays, M.D.**
1.3 STREET ADDRESS **5700 Lake Worth Rd. Ste. 103**
1.4 CITY-ST-ZIP **Lake Worth, Florida 33463**

2.1 TITLE **PED** ☒ Change ☐ Addition
2.2 NAME **Alma Littles, M.D.**
2.3 STREET ADDRESS **1301 Hodges Drive**
2.4 CITY-ST-ZIP **Tallahassee, FL 32308**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **John Saranko, M.D.**
3.3 STREET ADDRESS **507 West Alexander Street**
3.4 CITY-ST-ZIP **Plant City, FL 33566**

4.1 TITLE **VD** ☒ Change ☐ Addition
4.2 NAME **George Harris, M.D.**
4.3 STREET ADDRESS **5289 Enclave Drive**
4.4 CITY-ST-ZIP **Oldsmar, FL 34677**

5.1 TITLE **M** ☐ Change ☐ Addition
5.2 NAME **Martha J. Moores, CAE**
5.3 STREET ADDRESS **6720 Atlantic Blvd.**
5.4 CITY-ST-ZIP **Jacksonville, FL 32211**

6.1 TITLE **CD** ☒ Change ☐ Addition
6.2 NAME **Jerry Boland, M.D.**
6.3 STREET ADDRESS **2309 Armistead Rd.**
6.4 CITY-ST-ZIP **Tallahassee, FL 32312**

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, with all other like empowered.

SIGNATURE: *Martha J. Moores*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha J. Moores, CAE EVD

1/7/99

DATE

(904) 726-0944

Daytime Phone #

CR2E037 (11/98)