


FILE NOW: FILING FEE IS \$61.25

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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90022 020 ****61.25

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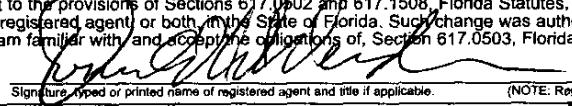
NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 725280					
1. Corporation Name FLORIDA PHYSICIANS ASSOCIATION, INC.					
Principal Place of Business 10161 CENTURION PKWY SUITE 191 JACKSONVILLE FL 32256 US			Mailing Address 10161 CENTURION PKWY SUITE 191 JACKSONVILLE FL 32256 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 11265 Alumni Way		26 11265 Alumni Way		01/15/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite #202		27 Suite #202		23-7371800	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23 Jacksonville, FL		28 Jacksonville, FL		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 32246 25 USA		29 32246 30 USA		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEIDNER, DONALD 10161 CENTURION PARKWAY NORTH SUITE 191 JACKSONVILLE FL 32256				81 Name Weidner, Donald			
				82 Street Address (P.O. Box Number is Not Acceptable) 11265 Alumni Way			
				83 Suite #202			
				84 City Jacksonville FL 85 Zip Code 32246			

11. Pursuant to the provisions of Sections 617.0602 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  DATE **6/8/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DED	<input type="checkbox"/> DELETE		1.1 TITLE	DED	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEIDNER, DONALD W.			1.2 NAME	Weidner, Donald W.		
STREET ADDRESS	10161 CENTURION PARKWAY NORTH 191			1.3 STREET ADDRESS	11265 Alumni Way, Suite #202		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	Jacksonville, FL		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDWARDS, GEROGE T., MD			2.2 NAME			
STREET ADDRESS	2824 N.E. 38TH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PACK, NORMAN W., M.D			3.2 NAME			
STREET ADDRESS	836 PRUDENTIAL DRIVE, #1001			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK, III J.T.			4.2 NAME			
STREET ADDRESS	801 E 8TH STREET, SUITE 504			4.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CURTIS J. KREBS, MD			5.2 NAME			
STREET ADDRESS	1605 KINGSLEY AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:  DATE **6/3/99** (904) 641-4033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)