2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State **DOCUMENT # 725280** 1. Entity Name FLORIDA PHYSICIANS ASSOCIATION, INC. 05-14-2002 90296 027 ****61.25 Principal Place of Business Mailing Address 11265 ALUMNI WAY 11265 ALUMNI WAY STE 202 STE 202 JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 US 2. Principal Place of Business 3. Mailing Address 6320 St. Augustine Rd 6320 St. Augustine Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #12 City & State City & State 4. FEI Number Applied For 23-7371800 Jacksonville Not Applicable Jacksonvi ^{Zip} Country Country \$8.75 Additional 5. Certificate of Status Desired 32217 USA 32217 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Christopher L. Nuland Street Address (P.O. Box Number is Not Acceptable) WEIRNER, DONALD 1000 Riverside Ave., Suite 11265 ALUMINI WAY STE 202 JACKSONVILLE FL 32246 City Zip Code <u>Jacksonville</u> <u> 32204</u> 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DED Delete TITLE (9/01 Change ☐ Addition NAME WEIDNER DONALD W. NAME STREET ADDRESS 11265 ALUMNI WAY STE 202 STREET ADDRESS **CR2E037** CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME EDWARDS, GEROGE T., MD NAME STREET ADDRESS 2824 N.E. 38TH STREET STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP FT. FAUDERDALE FL TD X Delete TITLE ☐ Change **X** Addition Treasurer NAME PACK, NORMAN W., M.D. NAME Krebs, Curtis J., M.D. STREET ADDRESS 836 PRUDENTIAL DRIVE, #1001 STREET ADDRESS 1605 Kingsley Ave. CITY-ST-ZIP Jacksonville fl CITY-ST-ZIP)<mark>ranga Park, FL 32073</mark> VPD TITLE ☐ Delete TITLE President XX Change Addition NAME COOK, III J T. NAME Cook, III, James T., M.D. STREET ADDRESS 801 E 8TH STREET, SUITE 504 STREET ADDRESS 801 E 8th Street, Suite 504 CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP Panama City, FL 32401 ☐ Delete TITLE Change Addition NAME WILLIS, WAYNE S MD NAME STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

915 É FAIRFIELD

PENSACOLA FL 32503

☐ Delete

☐ Change

☐ Addition

Florida Physicians Association 2001-2002 Board of Directors 657474

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*Indicate Executive Committee Revised 01/31/2002 F:/FPA/Janets Brdlst 725280 /657474