2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/

FILED
Mar 11, 2004 8:00 am
Secretary of State
02-19-2004 90012 034 ****61.25

66405554

02052004 Chg-NP CR2E037 (10/03)

DOCUMENT # 725280

1. Entity Name
FLORIDA PHYSICIANS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1730 KINGSLEY AVE, SUITE A ORANGE PARK, FL 32073 US	1730 KINGSLEY AVE, SUITE A ORANGE PARK, FL 32073 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7371800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRENNAN, MANNA & DIAMOND ATTN: LEWIS HARPER, ESQ. 76 S LAURA ST, SUITE 1700 JACKSONVILLE, FL 32202	Name: Lewis W. Harper, PLLC Street Address (P.O. Box Number is Not Acceptable): 12627 San Jose Blvd Suite 302 City: Jacksonville FL Zip Code: 32223

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Lewis W. Harper Lewis W. Harper Pres 2-9-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 **Due by May 1, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CALDWELL, JACQUES R MD 311 N CLYDE MORRIS BLVD, STE 510 DAYTONA BEACH, FL 32114	☐ Delete	PD Caldwell, Jacques R. MD 311 N Clyde Morris Blvd., Ste 510 Daytona Beach, FL	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IPPD EDWARDS, GEORGE T MD 2824 N.E. 38TH STREET FORT LAUDERDALE, FL 33308	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHESHIRE, MCKINLEY MD PO DRAWER 3070, 914 N OLIVE AVE WEST PALM BEACH, FL 33480	☐ Delete	VPD Cheshire, McKinley, MD PO Drawer 3070, 914 N. Olive Ave West Palm Beach, FL 33480	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COOK, III, JAMES T MD 801 E 8TH STREET, SUITE 504 PANAMA CITY, FL 32401	☐ Delete	IPPD Cook, III, James T MD 801 E 8th Street, Suite 504 Panama City, FL 32401	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIS, WAYNE S MD 915 E FAIRFIELD PENSACOLA, FL 32503	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KREBS, CURTIS J MD 1605 KINGSLEY AVE ORANGE PARK, FL 32073	☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE C. J. Krebs Treas. 2/12/04 (904)637-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
66405554
725280

FLORIDA PHYSICIANS ASSOCIATION, INC.
1730 KINGSLEY AVENUE SUITE A
ORANGE PARK, FL 32073

ATLANTIC COAST FEDERAL
JACKSONVILLE, FL 32256
64-7555/2612

7221

54008317

DATE: Feb 12, 2004
AMOUNT: *********$61.25*

PAY Sixty-One and 25/100 Dollars

TO THE ORDER OF:
Florida Department of State
P O BOX 1500
Tallahassee, FL 32302
USA

AUTHORIZED SIGNATURE

⑈007221⑈ ⑆261275551⑆ 000090206012⑈ ⑈0000006125⑈

Security Features Included. Details on Back.

0035262688 02/25/2004 018 1 10
2010196961
02252004
0610-0014-6
ENT=2347 TRC=2347 PK=16

Security features in this document include a Micro-Print Border, Signature Line and Security Screen on back. Absence of these features may indicate alteration.
© Padlock design is a trademark of Check Payment Systems Association

TO 27 M

BANK OF AMERICA,NA JAX
063000047 E3319 98 P12
02/23/04
664054557

2215 10136

FEB 19 2004

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1000003706

Attachment

FLORIDA PHYSICIANS ASSOCIATION

P04000055541

Working in cooperation with our sister organization, the Florida Medical Association

March 8, 2004

Florida Department of State
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

RE: ***725280***

To Whom It May Concern:

On February 23, 2004, the Department returned the annual report/uniform business report stating that the person who signed the annual report/uniform business report is not listed as a current officer/director of the corporation.

Enclosed please find the signed by the Florida Physicians Association's Treasurer, Curtis James Krebs, M.D.

Please note, your letter states that the check was also returned. The check was not returned with the letter and report. My records indicate that check #7221 cleared our bank on February 25th.

Please feel free to contact me at (904) 637-0060 if you have any questions.

Sincerely,

Tammy L. Fitzmartin
Executive Vice President

Enclosures
2004 Not-For-Profit Corporation Annual Report (one page)
Department's Cover Letter Dated February 23, 2004 (one page)

1730 Kingsley Avenue Suite A • Orange Park, Florida 32073-4417
Telephone 904-637-0060 • Facsimile 904-637-0066 • E-Mail fpa@floridaphysicians.org
Internet www.floridaphysicians.org

FPA