

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726869 (1)

1. Corporation Name

FAMILY PRACTICE MEDICAL GROUP, INC.



Principal Place of Business

625 S.W. 4TH AVE.
GAINESVILLE FL 32601

Mailing Address

P.O. BOX 147001
GAINESVILLE FL 32614
US

3. Date Incorporated or Qualified
07/05/1973

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1460393

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CURRY, ROBERT W JR. M.D.
625 S.W. FOURTH AVE.
GAINESVILLE FL 32601**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BRODSKY, HAL**
STREET ADDRESS **225 SW 7TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **DP** ☒ DELETE
NAME **BENCHIMOL, GEORGE M**
STREET ADDRESS **926 SW 2ND AVE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☒ DELETE
NAME **DEWAR, MARVIN, M.D.**
STREET ADDRESS **625 SW 4TH AVE**
CITY-ST-ZIP **GAINESVILLE, FL 00000**

TITLE **D** ☐ DELETE
NAME **HOLLOWAY, SAM N.**
STREET ADDRESS **1405 N.W. 13TH STREET**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **P** ☐ DELETE
NAME **HARRIS, TOM**
STREET ADDRESS **601 NE 7TH TERR**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE
NAME **FOSTER, FRANK M.D.**
STREET ADDRESS **8110 SW 43RD PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V/D** ☐ Change ☒ Addition
1.2 NAME **JONES, ELIZABETH**
1.3 STREET ADDRESS **730 N WALDO ROAD, SUITE 100**
1.4 CITY-ST-ZIP **GAINESVILLE FL 32641**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **HALL, KAREN**
2.3 STREET ADDRESS **625 SW 4TH AVENUE**
2.4 CITY-ST-ZIP **GAINESVILLE FL 32601**

3.1 TITLE **P/D** ☒ Change ☐ Addition
3.2 NAME **HOLLOWAY, SAM N.**
3.3 STREET ADDRESS **1405 NW 13TH STREET**
3.4 CITY-ST-ZIP **GAINESVILLE FL**

4.1 TITLE **S/D** ☒ Change ☐ Addition
4.2 NAME **FOSTER, FRANK**
4.3 STREET ADDRESS **8110 SW 43RD PLACE**
4.4 CITY-ST-ZIP **GAINESVILLE FL 32608**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **HARRIS, TOM**
5.3 STREET ADDRESS **601 NE 7TH TERRACE**
5.4 CITY-ST-ZIP **GAINESVILLE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sam N. Holloway*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

Date

Daytime Phone #

CR2E037 (12/95)