

FILE NOW: FILING FEE IS \$61.25

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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726869** (1)

1. Corporation Name

FAMILY PRACTICE MEDICAL GROUP, INC.

Principal Place of Business 825 S.W. 4TH AVE. GAINESVILLE FL 32601	Mailing Address P.O. BOX 147001 GAINESVILLE FL 32614-7001 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 07/05/1973	3a. Date of Last Report 02/01/1996
				4. FEI Number 59-1460393	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CURRY, ROBERT W JR. M.D. 825 S.W. FOURTH AVE. GAINESVILLE FL 32601				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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRODSKY, HAL			1.2 NAME	DAVIDSON, KIM		
STREET ADDRESS	225 SW 7TH TERRACE			1.3 STREET ADDRESS	6821 N.W. 11th. Place		
CITY-ST-ZIP	GAINESVILLE FL			1.4 CITY-ST-ZIP	Gainesville, Florida 32605		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, ELIZABETH			2.2 NAME	JONES, ELIZABETH		
STREET ADDRESS	730 N. WALDO RD., #100			2.3 STREET ADDRESS	730 N. WALDO ROAD, SUITE 100		
CITY-ST-ZIP	GAINESVILLE FL			2.4 CITY-ST-ZIP	GAINESVILLE, FLORIDA 32641		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, KAREN			3.2 NAME			
STREET ADDRESS	625 SW 4TH AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 00000			3.4 CITY-ST-ZIP			
TITLE	POX SECRETARY	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLOWAY, SAM N.	CHANGE		4.2 NAME			
STREET ADDRESS	1405 N.W. 13TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			4.4 CITY-ST-ZIP			
TITLE	X PRESIDENT ELECT	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, TOM	XChange		5.2 NAME			
STREET ADDRESS	801 NE 7TH TERR			5.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTER, FRANK M.D.			6.2 NAME			
STREET ADDRESS	8110 SW 43RD PLACE			6.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			6.4 CITY-ST-ZIP			

14. I do 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.

CR2E037 (9/96)



PO Box 147001 • Gainesville, FL 32614 • (352) 392-6771

Family Practice Medical Group, Inc.
Board of Directors
1996/1997

HAL BRODSKY, M.D.
4011 N.W. 43rd Street
Gainesville, FL 32606
Ph #: 371-0301
(Alachua General Hospital)

R. WHIT CURRY, JR., M.D.
1132 N.W. 58th Terrace
Gainesville, FL 32605
Ph #: 392-4321
(College of Medicine/CHFM)

KIM DAVIDSON, M.D.
6821 N.W. 11th Place
Gainesville, FL 32605
Ph #: 331-5811 / 331-6612
(Alachua County Medical Society)

FRANK FOSTER, M.D.
8110 S.W. 43rd Place
Gainesville, FL 32608
Ph #: 335-5420
(Alachua General Hospital)

KAREN HALL, M.D.
P.O. Box 147001
Gainesville, FL 32614
Ph #: 392-4541, ext. 232
(College of Medicine/FPRP)

TOM HARRIS - PRESIDENT ELECT
P.O. Box 103450
1329 Building
Gainesville, FL 32610
Ph #: 395-8017
(College of Medicine/Dean's Office)

SAM HOLLOWAY - SECRETARY
P.O. Box 849
Gainesville, FL 32602
Ph #: 377-2078
(Chamber of Commerce)

ELIZABETH JONES - PRESIDENT
730 N. Waldo Road, Suite 100
Gainesville, FL 32641
Ph #: 375-2068
(Alachua County)