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Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

**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**

4. FEI Number

**59-1460393**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**JONES, ELIZABETH**  
**730 N. WALDO RD. #100**  
**GAINESVILLE FL 32641**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**HALL, KAREN**  
**625 SW 4TH AVE.**  
**GAINESVILLE, FL 00000**

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**SECRETARY**  
**MERCADANTE, LYNN**  
**801 S.W. 2nd Ave**  
**GAINESVILLE, FL 32601**

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**SECRETARY**  
**WARREN, ELMIRA**  
**730 N. WALDO RD**  
**GAINESVILLE, FL 32641**

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
**SECRETARY**  
**CROWLEY, SUSAN**  
**235 SW 2nd Ave**  
**GAINESVILLE, FL 32601**

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
**SECRETARY**  
**WARREN, ELMIRA**  
**730 N. WALDO RD**  
**GAINESVILLE, FL 32641**

☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
**SECRETARY**  
**WARREN, ELMIRA**  
**730 N. WALDO RD**  
**GAINESVILLE, FL 32641**

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013401

CR2E037 (10/97)