

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736358

FILED
Mar 24, 2011
Secretary of State

Entity Name: FLORIDA CLINICAL PRACTICE ASSOCIATION, INC.

Current Principal Place of Business:

CO WAYNE THARP
1329 SW 16 STREET, ROOM 4190
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

CO WAYNE THARP
BOX 100205
GAINESVILLE, FL 326100205 US

New Mailing Address:

FEI Number: 59-1680273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THARP, WILLIAM W
1329 SW 16TH STREET ROOM 4190
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MANCUSO, ANTHONY A M.D.
Address: 1600 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: VD
Name: THARP, WILLIAM W
Address: 1329 SW 16 STREET, 4TH FLOOR
City-St-Zip: GAINESVILLE, FL 32608

Title: VD
Name: VIEWEG, JOHANNES W M.D.
Address: 1600 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: VD
Name: CURRY, ROBERT W M.D.
Address: 1132 NW 58TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: VD
Name: HROMAS, ROBERT M.D.
Address: 1600 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: STD
Name: FRIEDMAN, WILLIAM A M.D.
Address: 314 SW 93RD STREET
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM W. THARP

VP

03/24/2011

Electronic Signature of Signing Officer or Director

Date