FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002631 (9)

1. Corporation Name
FLYING PHYSICIANS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 677427 ORLANDO FL 32867	P.O. BOX 677427 ORLANDO FL 32867

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/20/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24) / Country (25):
Zip (29) / Country (30):

4. FEI Number: 36-2582605 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NODECKER, PATRICIA A
1001 STOUT CT.
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2996 Pickett Downs Drive
83
84 City: Chuluota FL 85 Zip Code: 32766

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ZIMMERMAN, WILLIAM G	1.2 NAME	
STREET ADDRESS	415 COLLEGE, N.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI 49503	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	OTOSKI, RICHARD	2.2 NAME	
STREET ADDRESS	2302 CLAIRMONT DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KLAMATH FALLS OR 97601	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHRECKENGAUST, ROBERT	3.2 NAME	
STREET ADDRESS	743 JEFFERSON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SCRANTON PA 18501	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, DALE K	4.2 NAME	
STREET ADDRESS	4003 EMHOUSE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORSICANA TX 75110	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	NODECKER, PATRICIA A	5.2 NAME	
STREET ADDRESS	1001 STOUT CT.	5.3 STREET ADDRESS	2996 Pickett Downs Drive
CITY-ST-ZIP	OVIEDO FL 32765	5.4 CITY-ST-ZIP	Chuluota, FL 32766
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, DANIEL	6.2 NAME	
STREET ADDRESS	10 PARKWAY DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80110	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia A. Nodecker 7/7/95 (407)359-1423
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0418344 FP