

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002631 (9)

1. Corporation Name

FLYING PHYSICIANS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 677427
ORLANDO FL 32867

Mailing Address

P.O. BOX 677427
ORLANDO FL 32867



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

3. Date Incorporated or Qualified
05/20/1994

3a. Date of Last Report
07/13/1995

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

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

10. Name and Address of New Registered Agent

NODECKER, PATRICIA A
2996 PICKETT DOWNS FRIVE
CHULUOTA FL 32766

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 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

PATRICIA A. NODECKER

(NOTE: Registered Agent signature required when reinstating)

Patricia A. Nodecker

2/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME ZIMMERMAN, WILLIAM G
STREET ADDRESS 415 COLLEGE, N.E.
CITY-ST-ZIP GRAND RAPIDS MI 49503

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME OTOSKI, RICHARD
STREET ADDRESS 2302 CLAIRMONT DR.
CITY-ST-ZIP KLAMATH FALLS OR 97601

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME SCHRECKENGAUST, ROBERT
STREET ADDRESS 743 JEFFERSON AVE.
CITY-ST-ZIP SCRANTON PA 18501

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME CAMPBELL, DALE K
STREET ADDRESS 4003 EMHOUSE
CITY-ST-ZIP CORSICANA TX 75110

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME NODECKER, PATRICIA A
STREET ADDRESS 2996 PICKETT DOWNS DRIVE
CITY-ST-ZIP CHULUOTA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME COOPER, DANIEL
STREET ADDRESS 10 PARKWAY DR.
CITY-ST-ZIP ENGLEWOOD CO 80110

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

Date

(407) 359-1423

Daytime Phone #

CR2E034 (12/95)