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FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

05/20/1994

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

NODECKER, PATRICIA A
2998 PICKETT DOWNS FRIVE
CHULUOTA FL 32766

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

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

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 ☐ DELETE

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

TITLE ☐ DELETE

NAME **P**
OTOSKI, RICHARD
STREET ADDRESS **2302 CLAIRMONT DR.**
CITY-ST-ZIP **KLAMATH FALLS OR 97801**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D**
NODECKER, PATRICIA A
STREET ADDRESS **2998 PICKETT DOWNS DRIVE**
CITY-ST-ZIP **CHULUOTA FL**

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

2/5/98 (407)359-1423

CR2E034 (10/97)