

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90145 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000002631**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/20/1994		4. FEI Number 36-2582605		Applied For Not Applicable	
5. Certificate of Status Desired -- <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$8.75 Additional Fee Required		8. \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NODECKER, PATRICIA A
2996 PICKETT DOWNS FRIVE
CHULUOTA FL 32766**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	NODECKER, PATRICIA A		5.2 NAME				
STREET ADDRESS	2996 PICKETT DOWNS DRIVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	CHULUOTA FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)