

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90382 013 \*\*\*150.00

**DOCUMENT # F94000002631**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-2582605**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Patricia A Nodecker*

*4/11/03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **President** ☐ Change ☒ Addition  
NAME **Peter Sones**  
STREET ADDRESS **1026 Clifton Rd.**  
CITY-ST-ZIP **Atlanta, GA 30307**

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

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Frank Browning**  
STREET ADDRESS **1830 Wright Dr**  
CITY-ST-ZIP **Daytona Beach, FL 32128**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **Past President** ☐ Change ☒ Addition  
NAME **Lawrence Gahagan**  
STREET ADDRESS **3613 Colgate Ave**  
CITY-ST-ZIP **Dallas, TX**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **Past President** ☐ Change ☒ Addition  
NAME **Harold Remollet**  
STREET ADDRESS **8639 Olivewood Ct**  
CITY-ST-ZIP **FAIR OAKS, CA 95628**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Patricia A Nodecker*

*4/11/03*

*407-359-1423*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)