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May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000002630 (0)**

1. Corporation Name

**WESTERN PROFESSIONAL ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**712 S. KANSAS AVE., 2ND FLOOR  
TOPEKA KS 66603**

**712 S. KANSAS AVE., 2ND FLOOR  
TOPEKA KS 66603**



3. Date Incorporated or Qualified

**05/31/1995**

4. FEI Number

**43-1655154**

Applied For

Not Applicable

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**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No **NA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**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 617.0502 and 617.1508, 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 617.0503, 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 **PDC** ☒ DELETE

NAME **MCCOLLISTER, ROGER L**  
STREET ADDRESS **712 S. KANSAS AVE., 2ND FLOOR**  
CITY-ST-ZIP **TOPEKA KS 66603**

TITLE **SDC** ☒ DELETE

NAME **RUTE, LARRY R**  
STREET ADDRESS **712 S. KANSAS AVE., 2ND FLOOR**  
CITY-ST-ZIP **TOPEKA KS 66603**

TITLE **TD** ☒ DELETE

NAME **WHITE, WAYNE A**  
STREET ADDRESS **712 S. KANSAS AVE., 2ND FLOOR**  
CITY-ST-ZIP **TOPEKA KS 66603**

TITLE **D** ☐ DELETE

NAME **MOLINE, BRIAN**  
STREET ADDRESS **420 S.W. 9TH**  
CITY-ST-ZIP **TOPEKA KS**

TITLE **D** ☐ DELETE

NAME **PETTY, MARGE**  
STREET ADDRESS **106 WOODLAWN**  
CITY-ST-ZIP **TOPEKA KS 66606**

TITLE **D** ☐ DELETE

NAME **PAGE, STEVE**  
STREET ADDRESS **1129 S.W. WANAMAKER**  
CITY-ST-ZIP **TOPEKA KS 66604**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ Change ☒ Addition

1.2 NAME **Dr. Robert Harder**  
1.3 STREET ADDRESS **1420 SW Ward Parkway**  
1.4 CITY-ST-ZIP **Topeka, KS 66604**

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 **President/Director** ☒ Change ☐ Addition

4.2 NAME **Moline, Brian**  
4.3 STREET ADDRESS **2532 SW Granthurst**  
4.4 CITY-ST-ZIP **Topeka, KS, 66611**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **Secretary-Treasurer/Director** ☒ Change ☐ Addition

6.2 NAME **Page, Steve**  
6.3 STREET ADDRESS **1129 SW Wanamaker**  
6.4 CITY-ST-ZIP **Topeka, KS 66604**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

*[Signature]*

CF2E037 (10/97)