

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10619 (7)

1. Corporation Name

TALLAHASSEE PHYSICIANS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1204 MICCOSUKEE RD
TALLAHASSEE FL 323081204 MICCOSUKEE RD
TALLAHASSEE FL 32308-5076

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1985		3a. Date of Last Report 04/30/1996	
21		26		4. FEI Number 59-2570436		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country					
24		29					
		30					

9. Name and Address of Current Registered Agent

O'DEA, JOHN P.
1204 MICCOSUKEE RD
TALLAHASSEE FL 32308

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORSTHOEFEL, MICHAEL M	1.2 NAME	MABRY, JAMES M.D.
STREET ADDRESS	1401 CENTERVILLE RD, #400	1.3 STREET ADDRESS	1632 RIGGINS RD.
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. PETERY, JULIA R.	2.2 NAME	
STREET ADDRESS	1623-C MEDICAL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, THOMAS, MD	3.2 NAME	
STREET ADDRESS	3258 NORTH MONROE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIDDLEMAS, ROBERT, M.D.	4.2 NAME	CHERRY, COMER M.D.
STREET ADDRESS	1205 MARION AVE	4.3 STREET ADDRESS	1626 RIGGINS RD
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZORN, RICHARD	5.2 NAME	
STREET ADDRESS	1211 HODGES DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICKLER, ALEX M.D.	6.2 NAME	
STREET ADDRESS	1705 S ADAMS STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

14. I do 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0007600

CR2E037 (9/96)