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NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33889 (9)

1. Corporation Name

JACKSONVILLE INDEPENDENT PRACTICE ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
836 PRUDENTIAL DR. SUITE 1107 JACKSONVILLE FL 32207	836 PRUDENTIAL DR. SUITE 1107 JACKSONVILLE FL 32207-8338

3. Date Incorporated or Qualified: 08/22/1989
3a. Date of Last Report: 07/15/1996

2. Principal Place of Business
21 720 GILMORE STREET
Suite, Apt. #, etc.
22 STE. 600
City & State
23 JACKSONVILLE
Zip 24 32204 Country 25 US

2a. Mailing Address
26 720 GILMORE STREET
Suite, Apt. #, etc.
27 STE 600
City & State
28 JACKSONVILLE
Zip 29 32204 Country 30 US

4. FEI Number: 59-2989683 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STRICKLAND, BARBARA S.
100 LAURA ST.
8TH FLOOR
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: RAX CO.
82 Street Address (P.O. Box Number is Not Acceptable): 50 NORTH LAURA STREET
83 STE 3400
84 City: JACKSONVILLE FL 85 Zip Code: 32202

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 _____ Halcyon E. Skinner, Pres. 04/22/97
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	DP ☑ DELETE change	1.1 TITLE	D ☐ Change ☑ Addition
NAME	KIMBALL, ERNEST R.	1.2 NAME	JOHN E. STIMLER
STREET ADDRESS	~~836 PRUDENTIAL DR #1107~~ 720 GILMORE ST.	1.3 STREET ADDRESS	720 Gilmore St., Suite 600
CITY-ST-ZIP	~~JACKSONVILLE FL~~ STE 600 JACKSONVILLE FL 32204	1.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	DT ☑ DELETE change	2.1 TITLE	D ☐ Change ☑ Addition
NAME	KRAMP, MARK	2.2 NAME	STEPHEN LAZOFF
STREET ADDRESS	~~836 PRUDENTIAL DR #1107~~ 720 Gilmore St.	2.3 STREET ADDRESS	720 Gilmore St., Suite 600
CITY-ST-ZIP	~~JACKSONVILLE FL~~ Jacksonville, FL 32204	2.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	~~D~~ ☑ DELETE	3.1 TITLE	D ☐ Change ☑ Addition
NAME	~~SCHARF, MICHAEL S.~~	3.2 NAME	BRADFORD JOSEPH
STREET ADDRESS	~~836 PRUDENTIAL DR #1107~~	3.3 STREET ADDRESS	720 Gilmore Street, Suite 600
CITY-ST-ZIP	~~JACKSONVILLE FL~~	3.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	D ☑ DELETE change	4.1 TITLE	D ☐ Change ☑ Addition
NAME	SAPOLSKY, JACK L.	4.2 NAME	JOHN R. IBACH
STREET ADDRESS	~~710 LOMAX ST~~ 720 Gilmore St., Ste.600	4.3 STREET ADDRESS	720 Gilmore St., Suite 600
CITY-ST-ZIP	~~JACKSONVILLE FL~~ Jacksonville, FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	DS ☑ DELETE change	5.1 TITLE	D ☐ Change ☑ Addition
NAME	SPOHR, CLIFFORD H.	5.2 NAME	RICHARD GROCHMAL
STREET ADDRESS	~~3500 UNIVERSITY BLVD~~ 720 Gilmore Street	5.3 STREET ADDRESS	720 Gilmore Street, Suite 600
CITY-ST-ZIP	~~JACKSONVILLE FL~~ Jacksonville, FL 32204	5.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	D ☑ DELETE ADDITION	6.1 TITLE	D ☐ Change ☑ Addition
NAME	KRISTI ASTON	6.2 NAME	JACK L BARRS
STREET ADDRESS	720 Gilmore St., Suite 600	6.3 STREET ADDRESS	720 Gilmore St., Suite 600
CITY-ST-ZIP	Jacksonville, FL 32204	6.4 CITY-ST-ZIP	Jacksonville, FL 32204

CR2E037 (9/96)

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, or on an attachment with an address.

_____ Ernest B. Kimball 4/22/97 (904) 202-1291