
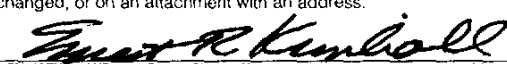


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 720 GILMORE STREET STE 600 JACKSONVILLE FL 32204 US			Mailing Address 720 GILMORE STREET STE 600 JACKSONVILLE FL 32204 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/22/1989 4. FEI Number 59-2989683 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent RAX CO 50 NORTH LAURA STREET STE 3400 JACKSONVILLE FL 32202				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	KIMBALL, ERNEST R				
STREET ADDRESS	720 GILMORE ST STE 600				
CITY-ST-ZIP	JACKSONVILLE FL 32204				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	KRAMP, MARK				
STREET ADDRESS	720 GILMORE ST STE 600				
CITY-ST-ZIP	JACKSONVILLE FL 32204				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BRADFORD, JOSEPH				
STREET ADDRESS	720 GILMORE STREET STE 600				
CITY-ST-ZIP	JACKSONVILLE FL 32204				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SAPOLSKY, JACK L				
STREET ADDRESS	720 GILMORE STREET STE 600				
CITY-ST-ZIP	JACKSONVILLE FL 32204				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	SPOHR, CLIFFORD H				
STREET ADDRESS	720 GILMORE ST STE 600				
CITY-ST-ZIP	JACKSONVILLE FL 32204				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ASTON, KRISTI				
STREET ADDRESS	720 GILMORE ST, STE 600				
CITY-ST-ZIP	JACKSONVILLE FL 32204				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  4/14/98 904 398-0033					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (10/97)