

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 26 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # N93000000969 (6)

1. Corporation Name

FLORIDA INDEPENDENT PHYSICIANS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9318 SW 43RD LANE
GAINESVILLE FL 32608

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GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/25/1993
3a. Date of Last Report 02/15/1994

4. FEI Number 59-3185594
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability of intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 408 W. UNIVERSITY AVE.

26 408 W. UNIVERSITY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 108

27 SUITE 108

City & Sta.

City & State

23 GAINESVILLE, FL

28 GAINESVILLE, FL

24 Zip 32601

25 Country USA

29 Zip 32601

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDBERG, STUART E
305 S GADSDEN ST
TALLAHASSEE FL 32301

81 Name FRED HARRIS
82 Street Address (P.O. Box Number is Not Acceptable) 101 E College Avenue
83
84 City Tallahassee FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: FRED HARRIS (Signature) Fred Harris (Printed Name of Registered Agent) 7/23/95 (Date)

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	RUCINSKI, PAUL J
STREET ADDRESS	9318 SW 43RD LANE
CITY ST ZIP	GAINESVILLE FL
TITLE	DP
NAME	CAUTHEN, MD J C
STREET ADDRESS	6510 NW 9TH BLVD, STE 1
CITY ST ZIP	GAINESVILLE FL
TITLE	DS
NAME	SCHULTEN, JR M MAURICE
STREET ADDRESS	438 NOKOMIS AVE S
CITY ST ZIP	VENICE FL
TITLE	D
NAME	ANDERSON, MD N H
STREET ADDRESS	2020 SE 17TH ST
CITY ST ZIP	OCALA FL
TITLE	D
NAME	BRUCE, MD W GREG
STREET ADDRESS	520 N MACARTHUR AVE
CITY ST ZIP	PANAMA CITY FL
TITLE	D
NAME	BRYAN, JR M GLENN
STREET ADDRESS	205 E NASA BLVD
CITY ST ZIP	MELBOURNE FL

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Joseph C. Cauthen, President (Signature) Joseph C. Cauthen, President (Printed Name of Signing Officer or Director) 7/23/95 (Date)