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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000969 (6)**

1. Corporation Name

FLORIDA INDEPENDENT PHYSICIANS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**408 W. UNIVERSITY AVE.
SUITE 108
GAINESVILLE FL 32601
US**

**408 W. UNIVERSITY AVE.
SUITE 108
GAINESVILLE FL 32601-5280
US**



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

3. Date Incorporated or Qualified
02/25/1993

3a. Date of Last Report
04/03/1996

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIS, FRED
101 E. COLLEGE AVENUE
Y
TALLAHASSEE FL 32301**

81 Name **Fred F. Harris, Jr., Esq.**
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 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
NAME	BORRELL, TOMMY J	
STREET ADDRESS	4802 N ARMENIA SUIT B4	
CITY-ST-ZIP	TAMPA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CAUTHEN, MD J C	
STREET ADDRESS	6510 NW 8TH BLVD, STE 1	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SCHULTEN, JR M MAURICE	
STREET ADDRESS	436 NOKOMIS AVE S	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, MD N H	
STREET ADDRESS	2020 SE 17TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUCE, MD W GREG	
STREET ADDRESS	520 N MACARTHUR AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRYAN, JR M GLENN	
STREET ADDRESS	205 E NASA BLVD	
CITY-ST-ZIP	MELBOURNE FL	

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Evan E. Dussan, Jr., M.D.	
1.3 STREET ADDRESS	1911 Miccosukee Rd.	
1.4 CITY-ST-ZIP	Tallahassee FL 32308	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kay E. Gilmour, MD	
4.3 STREET ADDRESS	3555 University Blvd., Suite 302	
4.4 CITY-ST-ZIP	Jacksonville FL 32216	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Colin J. Condon, M.D.	
5.3 STREET ADDRESS	414 N. Mills Avenue	
5.4 CITY-ST-ZIP	Orlando FL 32703	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert J. Goldberg, MD	
6.3 STREET ADDRESS	4300 Alton Rd., 6th Dept.	
6.4 CITY-ST-ZIP	Miami Beach FL 33140	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: 0010489

CR2E037 (9/96)