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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 408 W. UNIVERSITY AVE. SUITE 108 GAINESVILLE FL 32601 US		Mailing Address 408 W. UNIVERSITY AVE. SUITE 108 GAINESVILLE FL 32601 US		3. Date Incorporated or Qualified 02/25/1993	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-3185594	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIS, JR F F
101 E COLLEGE AVE
TALLAHASSEE FL 32301**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	1.1 TITLE	
NAME	DUSSIA, EVAN E II	1.2 NAME	
STREET ADDRESS	1911 MICCOSUKEE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	
NAME	CAUTHEN, MD J C	2.2 NAME	
STREET ADDRESS	6510 NW 9TH BLVD, STE 1	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	SCHULTEN, JR M MAURICE	3.2 NAME	
STREET ADDRESS	438 NOKOMIS AVE S	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	GILMOUR, KAY E MD	4.2 NAME	
STREET ADDRESS	3550 UNIVERSITY BLVD STE 302	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CONDON, COLIN J MD	5.2 NAME	
STREET ADDRESS	414 N MILLS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	GOLDBERG, ROBERT I MD	6.2 NAME	
STREET ADDRESS	4300 ALTON RD GI DEPT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	

Joseph C. Cauthen, M.D., P.A.
6510 N.W. 9th Blvd., Suite 1
Gainesville, Florida 32605
Ph. (352) 331-0811 Fax (352) 332-6387

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the effect of officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 12 or Block 13 if changed, or on an attachment with an address.

that the information
path; that I am an
ame appears in

SIGNATURE:

Joseph C Cauthen MD 3/10/98

CR2E037 (10/97)