

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 25 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	02/25/1993	
4. FEI Number	59-3185594	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.  
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 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chap. Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph C Cauthen MD 3/10/98*

CR2E037 (10/97)