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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:59

DOCUMENT # N93000003315 (9)

1. Corporation Name

NORTHEAST FLORIDA INDEPENDENT PRACTICE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2323 CURLEW RD. SUITE 7E PALM HARBOR FL 34683	2323 CURLEW RD. SUITE 7E PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1993
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3194436 ☐ 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 for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JACOBSON, CHARLES J
2323 CURLEW RD.
SUITE 7E
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DP~~	1.1 TITLE	DIRECTOR, PRESIDENT	☒ Change ☐ Addition
NAME	~~TUCKER, N H MD~~	1.2 NAME	TODD L. SACK, M.D.	
STREET ADDRESS	~~2149 ST. JOHNS AVE.~~	1.3 STREET ADDRESS	1610 BARRS ST.	
CITY-ST-ZIP	~~JACKSONVILLE FL 32204~~	1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32204	
TITLE	~~DVS~~	2.1 TITLE	DIRECTOR, VICE PRESIDENT	☒ Change ☐ Addition
NAME	~~MILLSTONE, STUART MD~~	2.2 NAME	RUEBEN L. SMITH, M.D.	
STREET ADDRESS	~~1803 KINGSLEY AVE., #C~~	2.3 STREET ADDRESS	1727 BLANDING BLVD. SUITE 101	
CITY-ST-ZIP	~~ORANGE PARK FL 32073~~	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	DT	3.1 TITLE		☐ Change ☐ Addition
NAME	BARAKAT, MAURICE MD	3.2 NAME		
STREET ADDRESS	1801 BARRS ST., #920	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	JACOBSON, CHARLES	4.2 NAME		
STREET ADDRESS	2323 CURLEY RD, #71E	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(k), 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: _____ 2-1-95 904-381-1613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TODD L. SACK MD

000030