2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# N93000003938

Entity Name: FIPA REGION #3, INC.

Current Principal Place of Business:

5024 NW 27TH CT.
SUITE A
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

5024 NW 27TH CT.
SUITE A
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3199460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAUFFMAN, KIMBERLY
5024 NW 27TH CT.
SUITE A
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CAUTHEN, JOSEPH C.	
Address:	6510 N.W. 9TH BLVD., SUITE 1	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	P	( ) Delete
Name:	HILDNER, JOSEPH MD	
Address:	5051 SE 110 ST BELLEVIEW PL	
City-St-Zip:	BELLEVIEW, FL 34420	
Title:	D	( ) Delete
Name:	SANDERS D.O., ELIZABETH	
Address:	6440 NW NEWBERRY RD S-111	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	DV	( ) Delete
Name:	ASHLEY, ROBERT G.	
Address:	6800 N.W. 9TH BLVD., SUITE 4	
City-St-Zip:	GAINESVILLE, FL	
Title:	D	( ) Delete
Name:	BENTON, TOM	
Address:	5612 N.W. 43RD STREET	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	D	( ) Delete
Name:	DOYLE MD, WILLIAM	
Address:	4131 NW 13 STREET S-101	
City-St-Zip:	GAINESVILLE, FL 32609	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH HILDNER, MD P 01/25/2008

Electronic Signature of Signing Officer or Director — Date