2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003938

Entity Name: FIPA REGION #3, INC.

FILED Jan 06, 2010 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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5024 NW 27TH CT.

SUITE A

GAINESVILLE, FL 32606

New Mailing Address: Current Mailing Address:

5024 NW 27TH CT. SUITE A

GAINESVILLE, FL 32606

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

CAUTHEN, JOSEPH C. Name: Address: 6510 N.W. 9TH BLVD., SUITE 1 City-St-Zip: GAINESVILLE, FL 32605

Title:

Name: HILDNER, JOSEPH MD Address: 5051 SE 110 ST BELLEVIEW PL City-St-Zip: BELLEVIEW, FL 34420

Title:

SANDERS D.O., ELIZABETH Name: Address: 3780 NW 83RD STREET City-St-Zip: GAINESVILLE, FL 32606

Title: DV

ASHLEY, ROBERT G. Name:

6800 N.W. 9TH BLVD., SUITE 4 Address:

City-St-Zip: GAINESVILLE, FL

Title:

BENTON, TOM Name:

5612 N.W. 43RD STREET Address: GAINESVILLE, FL 32653 City-St-Zip:

Title:

DOYLE MD. WILLIAM Name: Address: 4131 NW 13 STREET S-101 GAINESVILLE, FL 32609 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY KAUFFMAN ED 01/06/2010