

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003940 (4)

1. Corporation Name

FIPA REGION #10, INC.



Principal Place of Business

Mailing Address

5101 NW 21A VE
SUITE 440
FORT LAUDERDALE FL 33309
US5101 NW 21 AVE
SUITE 440
FORT LAUDERDALE FL 33309-2731
US3. Date Incorporated or Qualified
08/30/19933a. Date of Last Report
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0434048

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, CYNTHIA S
5101 NW 21 AVE
SUITE 440
FORT LAUDERDALE FL 33309

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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	<input type="checkbox"/> DELETE
NAME	BECKER, MATHIS M.D.	
STREET ADDRESS	201 N.W. 82ND AVENUE	
CITY-ST-ZIP	PLANTATION FL 33324	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	OP	<input type="checkbox"/> DELETE
NAME	TOMASELLO, PETER MD	
STREET ADDRESS	201 NW 82ND AVE.	
CITY-ST-ZIP	PLANTATION FL 33324	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	OS	<input type="checkbox"/> DELETE
NAME	FLATEN, PAUL M.D.	
STREET ADDRESS	1841 NE 45TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	OT	<input type="checkbox"/> DELETE
NAME	WESTER, JUAN MD	
STREET ADDRESS	5015 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CORLEY, EDWARD T MD	
STREET ADDRESS	ONE W. SAMPLE RD.	
CITY-ST-ZIP	POMPANO BCH. FL 33064	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOLINET, ROLAND MD	
STREET ADDRESS	12 NE 12TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of this report, or in an attached document.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0035963

CR2E037 (9/96)