

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003940 (4)**

1. Corporation Name

FIPA REGION #10, INC.



Principal Place of Business 5101 NW 21A VE SUITE 440 FORT LAUDERDALE FL 33309 US		Mailing Address 5101 NW 21 AVE SUITE 440 FORT LAUDERDALE FL 33309 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified

08/30/1993

4. FEI Number

65-0434048

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, MATHIS M.D.	1.2 NAME	
STREET ADDRESS	201 N.W. 82ND AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP	
TITLE	OP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMASELLO, PETER MD	2.2 NAME	
STREET ADDRESS	201 NW 82ND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	2.4 CITY-ST-ZIP	
TITLE	OS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLATEN, PAUL M.D.	3.2 NAME	
STREET ADDRESS	1841 NE 45TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	
TITLE	OT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTER, JUAN MD	4.2 NAME	
STREET ADDRESS	5015 HOLLYWOOD BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORLEY, EDWARD T MD	5.2 NAME	
STREET ADDRESS	ONE W. SAMPLE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL 33064	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLINET, ROLAND MD	6.2 NAME	
STREET ADDRESS	12 NE 12TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:

Prerick Smith, MD, President 3/19/98

CR2E037 (10/97)