

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90028 026 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N93000003940

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
--	--



21 2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/30/1993
22 Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0434048
23 City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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, with all other like empowered.

SIGNATURE: *Peter Tomasello* **PETER TOMASELLO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **1-13-99** Daytime Phone #: **954-714-9447**

CR2E037 (1/98)