SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:20

DOCUMENT # **N93000004304 (2)**

1. Corporation Name

FIPA REGION #11, INC.

Principal Place of Business	Mailing Address
1501 N.W. NORTH RIVER DRIVE MIAMI FL 33125	1501 N.W. NORTH RIVER DRIVE MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1993
3a. Date of Last Report: 04/15/1994
4. FEI Number: 65-0442905 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HANDLER, PATRICIA C
1501 N.W. NORTH RIVER DR.
MIAMI FL 33125

10. Name and Address of New Registered Agent

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	P	11 TITLE	☐ Change ☐ Addition
NAME	ROBERT I. GOLDBERG, , MD	12 NAME	
STREET ADDRESS	4300 ALTON ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LAGO, VICENTE	22 NAME	
STREET ADDRESS	4950 S.W. 8TH ST., SUITE 403	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	WALTER B. FLESNER, DO	32 NAME	
STREET ADDRESS	1011 IVES DAIRY ROAD, STE. 105	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	ROBERT T. BASS,, MD	42 NAME	
STREET ADDRESS	4302 ALTON ROAD, STE. 820	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33140	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ABELLA-FERNANDEZ,, MANUEL MD	52 NAME	
STREET ADDRESS	5440 S.W. 8TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MORRIS BECK, MD	62 NAME	
STREET ADDRESS	7800 S.W. 87TH AVENUE, STE. B-240	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert I Goldberg MD 7/11/95 (305) 674-2240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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