FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 12 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: 09/23/1993
3a. Date of Last Report: 07/24/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: FRED F. HARRIS, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 101 EAST College Ave
83
84 City: Tallahasee FL 85 Zip Code: 32302

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: _____ FRED F. HARRIS (NOTE: Registered Agent signature required when reinstating) DATE: 4/8/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBERT I. GOLDBERG, , MD 4300 ALTON ROAD MIAMI BEACH FL 33140	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAGO, VICENTE 4950 S.W. 8TH ST., SUITE 403 CORAL GABLES FL 33134	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	04/15/96-01028-036 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALTER B. FLESNER, DO 1011 IVES DAIRY ROAD, STE. 105 MIAMI FL 33179	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROBERT T. BASS,, MD 4302 ALTON ROAD, STE. 820 MIAMI BCH FL 33140	☑ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	ANTONIO FERNANDEZ, M.D. 4300 ALTON Road Suite 209 Miami, FL 33140 Secretary	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABELLA-FERNANDEZ,, MANUEL MD 5440 S.W. 8TH STREET CORAL GABLES FL 33134	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS BECK, MD 7800 S.W. 87TH AVENUE, STE. B-240 MIAMI FL 33173	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: N. Ralph Frantzol MD 4-12-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #