SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 12 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004951 (0)**

1. Corporation Name
FIPA REGION #7, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1851 WEST COLONIAL DR. SUITE 200 ORLANDO FL 32804	1851 WEST COLONIAL DR. SUITE 200 ORLANDO FL 32804

3. Date Incorporated or Qualified: 11/03/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3214948 ☐ 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 100	Suite, Apt. #, etc. 27 SUITE 100
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

FITZWATER, RON L
1851 W. COLONIAL DRIVE
SUITE 200
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: BRENDA D. ALLEN
82 Street Address (P.O. Box Number is Not Acceptable): 1851 W. COLONIAL DRIVE
83: SUITE 100
84 City: ORLANDO FL 85 Zip Code: 32804

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: Brenda D. Allen — 6/12/95
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	1.1 TITLE	D/T	☐ Change ☑ Addition
NAME	BRYAN, GLENN E	1.2 NAME		
STREET ADDRESS	205 E. NASA BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CARRILLO, ONOFRE P	2.2 NAME		
STREET ADDRESS	1849 MEDICAL DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32796	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☑ Addition
NAME	GARCIA-PIEDRA, ORLANDO	3.2 NAME		
STREET ADDRESS	2799 MARSH WREN CIR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	4.1 TITLE		☐ Change ☑ Addition
NAME	HENNINGSEN, HARALD	4.2 NAME		
STREET ADDRESS	604 OAK COMMONS BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	D	5.1 TITLE	D/S	☑ Change ☐ Addition
NAME	BAXLEY, RICHARD D	5.2 NAME	BEELER, BARBARA	
STREET ADDRESS	3724 EDGEWATER DR.	5.3 STREET ADDRESS	615 E. PRINCETON ST, STE. 530	
CITY-ST-ZIP	ORLANDO FL 32804	5.4 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	6.1 TITLE	D/P	☐ Change ☑ Addition
NAME	CONDRON, COLIN J	6.2 NAME		
STREET ADDRESS	414 N. MILLS AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803	6.4 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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 added by attachment with an address.

SIGNATURE: — 6/12/95 — (407) 841-7290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COLIN J. CONDRON, M.D., PRESIDENT

0000010

N93-4951

FIPA REGION #7 - BOARD OF DIRECTORS

Name	Address
Kyle M. Crofoot, M.D.	615 E. Princeton St., #400, Orlando, 32803
Perry Farb, D.O.	590 Ruby Ct., Maitland, 32751
Ben Guedes, M.D.	615 E. Princeton St., #540, Orlando, 32803
Ralph Page, M.D.	1026 S. Florida Ave., Rockledge, 32955
Kerry M. Schwartz, M.D.	615 E. Princeton St., Ste. 300, Orlando, 32803
Maxine Silverman, M.D.	414 N. Mills Ave., Orlando, 32803