

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

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DOCUMENT # N93000004951 (0)

1. Corporation Name

FIPA REGION #7, INC.



Principal Place of Business

Mailing Address

1851 WEST COLONIAL DR.
SUITE 100
ORLANDO FL 32804
US

1851 WEST COLONIAL DR.
SUITE 100
ORLANDO FL 32804
US

3. Date Incorporated or Qualified
11/03/1993

3a. Date of Last Report
07/12/1995

2. Principal Place of Business

2a. Mailing Address

21 **1999 W. COLONIAL DR.**

26 **1999 W. COLONIAL DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 209**

27 **SUITE 209**

City & State

City & State

23 **ORLANDO FL**

28 **ORLANDO FL**

Zip

Country

Zip

Country

24 **32804**

25 **ORANGE**

29 **32804**

30 **ORANGE**

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, BRENDA D
1851 W. COLONIAL DRIVE
SUITE 100
ORLANDO FL 32804**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1999 W. COLONIAL DR.

83 **SUITE 209**

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 **DT** ☐ DELETE
NAME **BRYAN, GLENN E**
STREET ADDRESS **205 E. NASA BLVD.**
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **D** ☐ DELETE
NAME **CARRILLO, ONOFRE P**
STREET ADDRESS **1849 MEDICAL DR.**
CITY-ST-ZIP **TITUSVILLE FL 32796**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GARCIA-PIEDRA, ORLANDO**
STREET ADDRESS **2799 MARSH WREN CIR.**
CITY-ST-ZIP **LONGWOOD FL**

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **D/S**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **D** ☐ DELETE
NAME **HENNINGSEN, HARALD**
STREET ADDRESS **604 OAK COMMONS BLVD.**
CITY-ST-ZIP **KISSIMMEE FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **DS** ☒ DELETE
NAME **BEELER, BARBARA**
STREET ADDRESS **615 E PRINCETON ST STE 530**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE
NAME **CONDON, COLIN J**
STREET ADDRESS **414 N. MILLS AVE.**
CITY-ST-ZIP **ORLANDO FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **ORLANDO, FL 32803**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 (407) 841-7290
Date Daytime Phone #

CR2E037 (12/95)

N 9300000 49 51
2 8 2

FIPA REGION # 7, INC. - BOARD OF DIRECTORS

<u>Name</u>	<u>Address</u>
Gopal Basisht, M.D.	1300 Edgewater Dr., Orlando, FL 32804
Kyle M. Crofoot, M.D.	3000 N. Orange Ave., #D, Orlando, FL 32804
Arnold Epel, M.D.	1410 W. Broadway, #101, Oviedo, FL 32765
Perry G. Farb, D.O.	590 Ruby Ct., Maitland, FL 32751
James Farrell, M.D.	1814 Lucerne Terr., Orlando, FL 32806
Ben L. Guedes, M.D.	615 E. Princeton St., #540, Orlando, FL 32803
Ralph Page, M.D.	1026 S. Florida Ave., Rockledge, FL 32955
Kerry M. Schwartz, M.D.	1613 N. Mills Ave., Orlando, FL 32803