## **FILE NOW: FILING FEE IS \$61.25**

' NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jul 02 1997 8:00am

Secretary of State

🥓 Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## N93000004951 (0) DOCUMENT #

FIPA REGION #7, INC.

,,,,,,,					
Principal Place of Business		Mailing Address			\$
1999 W COLONIAL OR STE 209 ORLANDO FL L3280		1999 W COLONIAL DR STE 209 ORLANDO FL 32804-7045		3. Data Incorporated or Qualified	3a. Date of Last Report
US		US		3. Date Incorporated or Qualified 11/03/1993	03/21/1996
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 59-3214948	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22{ City & State		City & State			Fee Required
23	<del>u</del>	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be  Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25		30	Florida Statutes	Yes No
*	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Re	
ALLEN	BDELIDA D		81 Name	Colin J. Condron, M.D.	
ALLEN, BRENDA D 19999 W COLONIAL DR			82 Street Ad	Colin <u>J. Condron</u> , M.D. odros (P.O. Box Number is Not Acceptab 1999 W. Colonial Drive	ole)
STE 209			83	A	
ORLANDO FL 32804			84 City	suhc 209	85 Zip Code
		manager to see the select of the second	-	Orlando	FL     32804
11. Pursuant to the provisions of Suctions 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 docept the appointment as registered agent. I am familiar with, and the state of Florida Statutes.					
agent. I am familiar with, and familiar with, and familiar with, and familiar with a statutes.					
SIGNATURE .	Signature, typed or printed name of registered age	ant and tills if applicable (NOTE:	Registered Agent signature re	on itred when reinstation)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DT	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRYAN, GLENN E		1.2 NAME		
STREET ADDRESS	205 E. NASA BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	CARRILLO, ONOFRE P	e built	2.2 NAME		C. pumpe C. Vegition
STREET ADDRESS	1849 MEDICAL DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32796		2. 4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	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 D	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Director	Change Addition
NAME	HENNINGSEN, HARALD	La Decert	4. 2 NAME	Henringen Herald . M. D.	
STREET ADDRESS	604 OAK COMMONS BLVD.		4.3 STREET ADDRESS	Henningsen, Herald, M.D. Leou caks Commons Blva.	;
CITY-ST-ZIP	KISSIMMEE FL		4.4 CITY-ST-ZIP	hissimmee PL 0	T/41
TITLE	DP .	DELETE	5.1 TITLE	dericer	Change Addition
NAME	CONDRON, COLIN J		5.2 NAME	condron, Colin J	
STREET ADDRESS	414 N. MILLS AVE.			414 N. Mills Avenue	
CITY-ST-ZIP TITLE	ORLANDO FL	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Orlando FL 32803	☐ Change ☑ Addition
NAME		La Dettite		Director James F. Farrell, M.D.	E see Ho
STREET ADDRESS			6.3 STREET ADDRESS	1814 Lucerne Terrace	
CITY-ST-7IP			6.4 CITY - ST - 7IP	Orienda Pi 328010	

I do hereby certify that the information supplied with this filling 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.