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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR 13 PM 3:06

DOCUMENT # N94000000647 (7)

1. Corporation Name

FIPA REGION #6, INC.

Principal Place of Business	Mailing Address
606 SOUTH BOULEVARD TAMPA FL 33606	606 SOUTH BOULEVARD TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1994
3a. Date of Last Report:
4. FEI Number: 59-3224871 ☐ 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 ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

CLARK, THOMAS B
606 SOUTH BOULEVARD
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: James Blanco
82 Street Address (P.O. Box Number is Not Acceptable): 606 South Boulevard
83:
84 City: Tampa **FL** 85 Zip Code: 33606

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ James Blanco 4/3/95
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
TITLE	D	11 TITLE	
NAME	AGLIANO, DENNIS	12 NAME	
STREET ADDRESS	4600 N. HABANA AVE., SUITE 23	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	
NAME	LUBIN, DAVID J	22 NAME	
STREET ADDRESS	2416 CLEVELAND ST.	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	CASTELLANO, NORMAN J	32 NAME	
STREET ADDRESS	2727 W. M L KING JR. BLVD., SUITE 600	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	
NAME	COCKBURN, ALDEN G	42 NAME	
STREET ADDRESS	4700 N. HABANA AVE., SUITE 500	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	
NAME	MATHEWSON, JOHN J	52 NAME	
STREET ADDRESS	P.O. BOX 927 (N/A)	53 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33802	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	
NAME	HEYSEK, RANDY V	62 NAME	
STREET ADDRESS	P.O. BOX 927 (N/A)	63 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33802	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)(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 addition.

SIGNATURE: _____ MD 4/3/95 (813)258-1946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dennis Agliano, M.D.

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