

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

DOCUMENT # **N94000000647 (7)**

1. Corporation Name

**FIPA REGION #6, INC.**

Principal Place of Business

**606 SOUTH BOULEVARD  
TAMPA FL 33606**

Mailing Address

**606 SOUTH BOULEVARD  
TAMPA FL 33606**



3. Date Incorporated or Qualified  
**02/08/1994**

3a. Date of Last Report  
**04/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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**

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

**BLANCO, JAMES  
606 SOUTH BOULEVARD  
TAMPA FL 33606**

81 Name

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

83

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**2/28/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **AGLIANO, DENNIS**  
CITY-ST-ZIP **4600 N. HABANA AVE., SUITE 23  
TAMPA FL 33614**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **0**  
1.3 STREET ADDRESS **Tommy J. Borrell, M.D.**  
1.4 CITY-ST-ZIP **4602 N. Armenia Avenue Suite B4  
Tampa, FL 33603**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **LUBIN, DAVID J**  
CITY-ST-ZIP **2416 CLEVELAND ST.  
TAMPA FL 33609**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **0**  
2.3 STREET ADDRESS **James O. Shelburne, D.O.**  
2.4 CITY-ST-ZIP **8411 Hulsey Road  
Tampa, FL 33634**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **CASTELLANO, NORMAN J**  
CITY-ST-ZIP **2727 W. M L KING JR. BLVD., SUITE 600  
TAMPA FL 33607**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **0**  
3.3 STREET ADDRESS **Paul Barrese, M.D.**  
3.4 CITY-ST-ZIP **3909 East Bay Drive #7  
Holmes Beach, FL 34217**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **COCKBURN, ALDEN G**  
CITY-ST-ZIP **4700 N. HABANA AVE., SUITE 500  
TAMPA FL 33614**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **MATHEWSON, JOHN J**  
CITY-ST-ZIP **P.O. BOX 927 (N/A)  
LAKELAND FL 33802**

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

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **HEYSEK, RANDY V**  
CITY-ST-ZIP **P.O. BOX 927 (N/A)  
LAKELAND FL 33802**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Tommy J. Borrell, M.D. 2/28/96 (813) 874-7334**

Date

Daytime Phone #

CR2E037 (12/95)