

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

606 SOUTH BOULEVARD  
TAMPA FL 33606

606 SOUTH BOULEVARD  
TAMPA FL 33606-2630



3. Date Incorporated or Qualified  
02/08/1994

3a. Date of Last Report  
03/06/1996

2. Principal Place of Business

21 63 Sarasota Center Blvd.

2a. Mailing Address

26 63 Sarasota Center Blvd.

4. FEI Number  
59-3224871

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
Unit 103

27 Suite, Apt. #, etc.  
Unit 103

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State  
Sarasota FL

28 City & State  
Sarasota FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip  
34240

25 Country  
USA

29 Zip  
34240

30 Country  
USA

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  
Randy V. Heysek, M.D.  
82 Street Address P.O. Box Number is not acceptable  
63 Sarasota Center Blvd.  
83 Unit 103  
84 City  
Sarasota FL 85 Zip Code  
34240

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]*

Randy V. Heysek, MD President

4-30-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	AGLIANO, DENNIS	
STREET ADDRESS	4800 N. HABANA AVE., SUITE 23	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	DELETE
NAME	LUBIN, DAVID J	
STREET ADDRESS	2416 CLEVELAND ST.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	DELETE
NAME	BARRESE, PAUL M	
STREET ADDRESS	3909 EAST BAY DRIVE, #7	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	D	DELETE
NAME	COCKBURN, ALDEN G	
STREET ADDRESS	4700 N. HABANA AVE., SUITE 500	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	DELETE
NAME	SHELBOURNE, JAMES O DO	
STREET ADDRESS	8411 HULSEY ROAD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	DELETE
NAME	HEYSEK, RANDY V	
STREET ADDRESS	P.O. BOX 927 (N/A)	
CITY-ST-ZIP	LAKELAND FL 33802	

1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME	Shelbourne, James A., D.O.		
5.3 STREET ADDRESS	8411 Hulsey Rd.		
5.4 CITY-ST-ZIP	Tampa FL 33634		
6.1 TITLE	President	Change	Addition
6.2 NAME	Heysek, Randy V., M.D.		
6.3 STREET ADDRESS	1324 Lakeland Hills Blvd.		
6.4 CITY-ST-ZIP	Lakeland FL 33805		

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE *[Signature]* 4-30-97

CR2E037 (9/96)

FILED  
Aug 14 1997 8:00am  
Secretary of State