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Feb 17 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

63 SARASOTA CENTER BLVD
UNIT 103
SARASOTA FL 34240
US

63 SARASOTA CENTER BLVD
UNIT 103
SARASOTA FL 34240
US

2. Principal Place of Business

2a. Mailing Address

21 408 W University Avenue

26 408 W University Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 108

27 Suite 108

City & State

City & State

23 Gainesville FL

28 Gainesville FL

Zip

Country

Zip

Country

24 32601

25 USA

29 32601

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/08/1994

4. FEI Number

59-3224871

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

HEYSEK, RANDY V MD
63 SARASOTA CENTER BLVD
UNIT 103
SARASOTA FL 34240

81 Name

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

408 W University Avenue

83

The Seagle Building, Suite 108

84 City

Gainesville

FL

85 Zip Code

32601

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

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

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

TITLE VD ☒ DELETE
NAME SHELBOURNE, JAMES R DO
STREET ADDRESS 8411 HULSEY ROAD
CITY-ST-ZIP TAMPA FL

TITLE PD ☐ DELETE
NAME HEYSEK, RANDY V MD
STREET ADDRESS 1324 LAKELAND HILLS BLVD
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer ☐ Change ☒ Addition
1.2 NAME Daniel W. Welch, MD
1.3 STREET ADDRESS 407 Avenue K SE
1.4 CITY-ST-ZIP Winterhaven FL 33880

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME Marcos F. Lorenzo, MD
2.3 STREET ADDRESS 5802 N. 30 Street
2.4 CITY-ST-ZIP Tampa FL 33610

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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]

[Signature]

1-22-98

941-687-1210

CP2E037 (10/97)