FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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NON-PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N94000000936

1. Corporation Name: FIPA REGION #2, INC.

Principal Place of Business: 1118-B THOMASVILLE RD. Tallahassee, FL 32308

Mailing Address: 1118-B Thomasville RD. Tallahassee, FL 32308

3. Date Incorporated or Qualified: 2/23/94

3a. Date of Last Report: 8/9/95

2. Principal Place of Business
21 1118-B Thomasville Rd
22 Suite, Apt. #, etc.
23 City & State: Tallahassee, FLORIDA
24 Zip: 32303
25 Country: USA

2a. Mailing Address
26 1118-B Thomasville Rd.
27 Suite, Apt. #, etc.
28 City & State: Tallahassee, FLORIDA
29 Zip: 32303
30 Country: USA

4. FEI Number: 59-3234951 — 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
John P. O'DEA
1204 MICCOSUKEE ROAD
Tallahassee, FLORIDA 32308

10. Name and Address of New Registered Agent
81 Name: ANGELA L. Guardia
82 Street Address (P.O. Box Number is Not Acceptable): 1118-B Thomasville ROAD
83
84 City: Tallahassee FL 85 Zip Code: 32303

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: Angela L. Guardia — Angela L. Guardia (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) — 4-29-96 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	BRICKLER, ALEX D.	
STREET ADDRESS	1705 SOUTH ADAMS ST.	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	D	☒ DELETE
NAME	CAMPS, JOSEPH L.	
STREET ADDRESS	1315 HODGES DRIVE	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	☒ DELETE
NAME	FORSTHOEFEL, MICHAEL	
STREET ADDRESS	1401 LENDERVILLE RD. #400	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	☒ DELETE
NAME	HICKS, THOMAS L.	
STREET ADDRESS	3258 N. MONROE ST.	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	☒ DELETE
NAME	MIDDLETMAS, ROBERT D.	
STREET ADDRESS	1205 MARION AVENUE	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	D	☒ DELETE
NAME	ST. PETERY, JULIA R.	
STREET ADDRESS	1623-C Medical Drive	
CITY-ST-ZIP	Tallahassee, FL 32308	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	ZORN, RICHARD	☒ DELETE
1.3 STREET ADDRESS	1211 Hodges Drive	
1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
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		
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		

X SEE ATTACHMENT FOR ADDITIONS

600001307505
-05/04/96--01003--012
***61.25

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 607, 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 — 4/29/96 Date — (904) 877-6881 Daytime Phone #

CR2E034 (12/95)

BOARD ADDITIONS - FIPA REGION #2 - 39-3234951

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PRESIDENT
Evan E. Dussia, M. D.
1911 Miccosukee Road
Tallahassee, Florida 32308

DIRECTOR
J. Rick Lyon, M. D.
3334 Capital Medical Boulevard
Tallahassee, Florida 32308

DIRECTOR
Albert Menduni, M. D.
1881 Professional Park Circle
Tallahassee, Florida 32308

DIRECTOR
David Saint, M. D.
1401 Centerville Road, Suite 508
Tallahassee, Florida 32308

DIRECTOR
William Simmons, M. D.
1633 Physicians Drive
Tallahassee, Florida 32308

DIRECTOR
William Placilla, M. D.
1160 Apalachee Parkway
Tallahassee, Florida 32301

DIRECTOR
Kenneth Wasson, M. D.
1401 Centerville Road, Suite G-02
Tallahassee, Florida 32308

VICE-PRESIDENT
Greg Bruce, M. D.
520 North MacArthur Avenue
Panama City, Florida 32401

DIRECTOR
James Strohmenger, M. D.
527 North Palo Alto Avenue
Panama City, Florida 32401

DIRECTOR
Paul Hunt, M. D.
2624 Jenks Avenue
Panama City, Florida 32405

DIRECTOR
Pete Imber, M. D.
3 Miracle Strip Loop
Panama City, Florida 32407

DIRECTOR
K. Sinclair Franz, M. D.
3048 Fourth Street
Marianna, Florida 32447

DIRECTOR
Lay-H Tan, M. D.
4294 5th Avenue
Marianna, Florida 32446

DIRECTOR
Mark J. Wolf, M. D.
2250 Jenks Avenue
Suite A
Panama City, Florida 32405