FILE NOW: FILING FEE IS $61.25

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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N94000000936 (4)**

1. Corporation Name
FIPA REGION #2, INC.

Principal Place of Business
1118-B THOMASVILLE RD.
TALLAHASSEE FL 32303

Mailing Address
1118-B THOMASVILLE RD.
TALLAHASSEE FL 32303-6287

3. Date Incorporated or Qualified: **02/23/1994**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

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

GUARDIA, ANGELA
1118-B THOMASVILLE RD.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Angela L Guardia, ANGELA L GUARDIA, REGION ADMINISTRATOR 1/6/97
Signature fixed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	DUSSIA, EVAN E., M.D.		1.2 NAME	JULIE KELLY, M.D.	
STREET ADDRESS	1911 MICCOSUKEE RD.		1.3 STREET ADDRESS	616 Universal Drive	
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	☒ DELETE	2.1 TITLE	WILLIAM PLAGLIA, M.D.	☐ Change ☒ Addition
NAME	SAINT, DAVID M.D.		2.2 NAME	DIRECTOR	
STREET ADDRESS	1401 CENTERVILLE RD., SUITE 508		2.3 STREET ADDRESS	1160 APALACHEE PKWY.	
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	☐ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	WASSON, KENNETH M.D.		3.2 NAME	WM. GREGORY BRUCE, M.D.	
STREET ADDRESS	1401 CENTERVILLE RD., SUITE G-02		3.3 STREET ADDRESS	520 N. MACARTHUR AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP	Panama City, FL 32401	
TITLE	D	☐ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	LYON, RICK J., M.D.		4.2 NAME	PETE IMBER, M.D.	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD.		4.3 STREET ADDRESS	3 MIRACLE STRIP LOOP	
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP	Panama City, FL 32407	
TITLE	D	☐ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	SIMMONS, WILLIAM M.D.		5.2 NAME	Paul Hunt, M.D.	
STREET ADDRESS	1633 PHYSICIANS DR.		5.3 STREET ADDRESS	2624 JENKS AVE., SUITE B	
CITY-ST-ZIP	TALLAHASSEE FL 32308		5.4 CITY-ST-ZIP	Panama City, FL 32405	
TITLE	D	☒ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	MENDUNI, ALBERT M.D.		6.2 NAME	JAMES STRONMENGER, M.D.	
STREET ADDRESS	1881 PROFESSIONAL PARK CIR.		6.3 STREET ADDRESS	527 N. PALO ALTO AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32308		6.4 CITY-ST-ZIP	Panama City, FL 32405	

CR2E037 (9/96)

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] 1-10-97 904-224-0401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0007484
EVAN EARL DUSSIA, III, M.D.