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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000936 (4)**

1. Corporation Name

FIPA REGION #2, INC.



Principal Place of Business

Mailing Address

**1118-B THOMASVILLE RD.
TALLAHASSEE FL 32303**

**1118-B THOMASVILLE RD.
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified

02/23/1994

4. FEI Number

59-3234951

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2015 Remington Green Circle

26 408 W University Avenue

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 108

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

City & State

City & State

23 Tallahassee FL

28 Gainesville FL

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

Zip

Country

Zip

Country

24 32308

25 USA

29 32601

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

2015 Remington Green Circle

83

Suite 200

84

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **DUSSIA, EVAN E., M.D.**
STREET ADDRESS **1911 MICCOSUKEE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☒ DELETE

NAME **PLACILLA, WILLIAM M**
STREET ADDRESS **1160 APALACHEE PKWY.**
CITY-ST-ZIP **TALLAHASSEE FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **WASSON, KENNETH M.D.**
STREET ADDRESS **1401 CENTERVILLE RD., SUITE G-02**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **LYON, RICK J., M.D.**
STREET ADDRESS **3334 CAPITAL MEDICAL BLVD.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **SIMMONS, WILLIAM M.D.**
STREET ADDRESS **1633 PHYSICIANS DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **STROHMENGER, JAMES M**
STREET ADDRESS **527 N. PALO ALTO AVE.**
CITY-ST-ZIP **PANAMA CITY FL**

2.2 NAME ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/98

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