

FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000000936 (4)**  
 1. Corporation Name  
**FIPA REGION #2, INC.**



Principal Place of Business <b>1118-B THOMASVILLE RD. TALLAHASSEE FL 32303</b>	Mailing Address <b>1118-B THOMASVILLE RD. TALLAHASSEE FL 32303</b>
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3. Date Incorporated or Qualified <b>02/23/1994</b>	
4. FEI Number <b>59-3234951</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>2015 Remington Green Circle</b>	2a. Mailing Address 26 <b>408 W University Avenue</b>
Suite, Apt. #, etc. 22 <b>Suite 200</b>	Suite, Apt. #, etc. 27 <b>Suite 108</b>
City & State 23 <b>Tallahassee FL</b>	City & State 28 <b>Gainesville FL</b>
Zip 24 <b>32308</b>	Country 25 <b>USA</b>
Zip 29 <b>32601</b>	Country 30 <b>USA</b>

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) <b>2015 Remington Green Circle</b>	
83 <b>Suite 200</b>	
84 City <b>Gainesville</b>	85 Zip Code <b>FL 32601</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUSSIA, EVAN E., M.D.</b>	1.2 NAME	
STREET ADDRESS	<b>1911 MICCOSUKEE RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLACILLA, WILLIAM M</b>	2.2 NAME	
STREET ADDRESS	<b>1160 APALACHEE PKWY.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WASSON, KENNETH M.D.</b>	3.2 NAME	
STREET ADDRESS	<b>1401 CENTERVILLE RD., SUITE G-02</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYON, RICK J., M.D.</b>	4.2 NAME	
STREET ADDRESS	<b>3334 CAPITAL MEDICAL BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, WILLIAM M.D.</b>	5.2 NAME	
STREET ADDRESS	<b>1633 PHYSICIANS DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STROHMENGER, JAMES M</b>	6.2 NAME	
STREET ADDRESS	<b>527 N. PALO ALTO AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	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: \_\_\_\_\_ **1/20/98 850 343 0100**

CR2E037 (10/97)