

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000936

1. Corporation Name
FIPA REGION #2, INC.

Principal Place of Business
2815 REMINGTON GREEN CIR
SUITE 200
TALLAHASSEE FL 32308
US

Mailing Address
408 W UNIVERSITY AVE
SUITE 108
GAINESVILLE FL 32601
US

FILED

99 OCT 15 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

99

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2808 REMINGTON GREEN North	26 2808 Remington Green North	02/23/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 Suite 200	27 Suite 200	59-3234951
City & State	City & State	Applied For
23 TALLAHASSEE, FL	28 TALLAHASSEE FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 32308	29 32308	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	
25 US	30 US	

9. Name and Address of Current Registered Agent

GUARDIA, ANGELA
2815 REMINGTON GREEN CIR
SUITE 200
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name TOM McALLISTER
82 Street Address (P.O. Box Number is Not Acceptable) 2808 Remington Green North
83 Suite 5
84 City TALLAHASSEE FL 85 Zip Code 32309

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 3/11/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSSIA, EVAN E., M.D.	1.2 NAME	300003024333--B
STREET ADDRESS	1911 MICCOSUKEE RD.	1.3 STREET ADDRESS	-10/25/99--01127--006
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	***245.00 ***245.00
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSON, KENNETH M.D.	2.2 NAME	
STREET ADDRESS	1401 CENTERVILLE RD., SUITE G-02	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYON, RICK J., M.D.	3.2 NAME	DEEB, AL MID
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD.	3.3 STREET ADDRESS	1626 N. PARADISE
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, WILLIAM M.D.	4.2 NAME	
STREET ADDRESS	1633 PHYSICIANS DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROHMENGER, JAMES M	5.2 NAME	HEMAY, KARL M.D.
STREET ADDRESS	527 N. PALO ALTO AVE.	5.3 STREET ADDRESS	1511 SURVEON DR., Suite A
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	THOMAS SERIO
STREET ADDRESS		6.3 STREET ADDRESS	2433 MAHAN DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308

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, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

10/11/99

888 877 6881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)