

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jun 30, 2000 8:00 am**  
**Secretary of State**

06-30-2000 90004 021 \*\*\*\*61.25

**DOCUMENT # N94000000936**

1. Entity Name

**FIPA REGION #2, INC.**

Principal Place of Business

Mailing Address

**2808 REMINGTON GREEN NORTH  
SUITE 200  
TALLAHASSEE FL 32308  
US****2808 REMINGTON GREEN NORTH  
SUITE 200  
TALLAHASSEE FL 32308-8706  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3234951**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCALLISTER, TOM  
2808 REMINGTON GREEN NORTH  
SUITE 200  
TALLAHASSEE FL 32308**Name **SABIN C. BASS**

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

**845 N Garland Ave Ste 200**City **ORLANDO****FL**Zip Code **32801**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **DUSSIA, EVAN E., M.D.**  
CITY-ST-ZIP **1911 MICCOSUKEE RD.  
TALLAHASSEE FL 32308**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **WASSON, KENNETH M.D.**  
CITY-ST-ZIP **1401 CENTERVILLE RD., SUITE G-02  
TALLAHASSEE FL 32308**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DEEB, AL MD**  
CITY-ST-ZIP **1626 N. PLAZA RD.  
TALLAHASSEE FL 32308**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **SIMMONS, WILLIAM M.D.**  
CITY-ST-ZIP **1633 PHYSICIANS DR.  
TALLAHASSEE FL 32308**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **HEMPEL, KARL MD**  
CITY-ST-ZIP **1511 SURGEON DR., STE. A  
TALLAHASSEE FL 32308**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SERIO, THOMAS**  
CITY-ST-ZIP **2433 MAHAN DR  
TALLAHASSEE FL 32308**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #