

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000936

1. Entity Name

FIPA REGION #2, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90224 036 ****61.25

Principal Place of Business

2808 REMINGTON GREEN NORTH
 SUITE 200
 TALLAHASSEE FL 32308
 US

Mailing Address

2808 REMINGTON GREEN NORTH
 SUITE 200
 TALLAHASSEE FL 32308
 US

2. Principal Place of Business

1911 Miccosukee Rd
 Suite, Apt. #, etc.

3. Mailing Address

1911 Miccosukee Rd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3234951

Applied For

Not Applicable

Zip

Country

32308

USA

Zip

Country

32308

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BASS, SABIN C
 845 N GARLAND AVE, STE 200
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Evan E. Dussia, II, MD

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

1911 Miccosukee Rd

City Tallahassee

FL

Zip Code 32308

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

5/1/01

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

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

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

TITLE D ☐ Delete
 NAME DEEB, AL MD
 STREET ADDRESS 1626 N. PLAZA RD.
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ Delete
 NAME SERIO, THOMAS
 STREET ADDRESS 2433 MAHAN DR
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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

5/1/01

850-877-5420

Date

Daytime Phone #

CR2E037 (10/00)