

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000936

1. Entity Name

FIPA REGION #2, INC.

Principal Place of Business

1911 MICCOSUKEE RD
TALLAHASSEE FL 32308
US

Mailing Address

1911 MICCOSUKEE RD
TALLAHASSEE FL 32308
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3234951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUSSIA, EVAN E II
1911 MICCOSUKEE RD.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

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

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

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

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

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

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

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

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

4/30/2002

Date

Daytime Phone #

CR2E037 (9/01)