

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002824 (0)

1. Corporation Name

FIRST COAST IPA, INC.



Principal Place of Business

Mailing Address

111 RIVERSIDE AVE
STE 120
JACKSONVILLE FL 32202
US

111 RIVERSIDE AVE
STE 120
JACKSONVILLE FL 32202-4921
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

3. Date Incorporated or Qualified
06/07/1994

3a. Date of Last Report
06/19/1996

4. FEI Number
59-3329490

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENS, C WAYNE
111 RIVERSIDE AVE
STE 120
JACKSONVILLE FL 32202

81 Name

Venessa Wood

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

111 Riverside Ave, Ste. 120

83

Venessa Wood

84 City

Jacksonville

FL

85 Zip Code
32202

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]

(NOTE: Registered Agent signature required when reinstating)

6/5/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME STEPHENS, C. WAYNE
STREET ADDRESS 111 RIVERSIDE AVE STE 120
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME Richard Glock, M.D.
1.3 STREET ADDRESS 111 Riverside Ave, Ste 120
1.4 CITY-ST-ZIP Jacksonville, FL 32202

TITLE VPD ☒ DELETE

NAME BURRELL, CAROL
STREET ADDRESS 111 RIVERSIDE AVE STE 120
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE VPD ☐ Change ☒ Addition

2.2 NAME Raymond Silbar, M.D.
2.3 STREET ADDRESS 111 Riverside Ave. Ste. 120
2.4 CITY-ST-ZIP Jacksonville, FL 32202

TITLE STD ☒ DELETE

NAME CALLAHAN, MICHAEL A.
STREET ADDRESS 111 RIVERSIDE AVE., #120
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME William Carriere, M.D.
3.3 STREET ADDRESS 111 Riverside Ave, Ste. 120
3.4 CITY-ST-ZIP Jacksonville, FL 32202

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Herman Sessions, M.D.
4.3 STREET ADDRESS 111 Riverside Ave, Ste 120
4.4 CITY-ST-ZIP Jacksonville, FL 32202

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Joseph Pattison, M.D.
5.3 STREET ADDRESS 111 Riverside Ave, Ste. 120
5.4 CITY-ST-ZIP Jacksonville, FL 32202

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Donald Twiggs, M.D.
6.3 STREET ADDRESS 111 Riverside Ave, Ste. 120
6.4 CITY-ST-ZIP Jacksonville, FL 32202

14. I do 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, upon an attachment with an address.

CR2E037 (9/96)

FILE NOW: FILING FEE IS \$61.25

A Hachment

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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Suite, Apt. #, etc.

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27 City & State

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Country

28 Zip

Country

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FL 85 Zip Code

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

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2.4 CITY-ST-ZIP

3.1 TITLE

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3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

2 SIGNATURES REQUIRED

CR2E037 (9/96)