## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9400002824 (0)

FIRST	COAST IPA, INC.			I NATINIAI SITE KANIL SKAL SAKIN AKAN ARAK ARAK ARAK ARAK ARAK INGA KANILA INGA KANILA INGA KANILA INGA INGA K	1
Principal Plac	ce of Business	Mailing Address			
·		-			
11 RIVERSIDE   STE 120	AVE	111 RIVERSIDE AVE STE 120			
ACKSONVILLE	FL 32202	JACKSONVILLE FL 32202-4921			
JS		US		3. Date incorporated or Qualified 3a. Date of Last Report	
2 Principal I	Place of Business	On Molling Address		06/07/1994 06/19/1996	
21 21	-lace of business	2a. Mailing Address		4. FEI Number Applied Fc 59-3329490 Applied Fc	
Sulte, Apt	#. etc.	Suite, Apt. #, etc.		Trot Applie	$\overline{}$
22		27		5. Certificate of Status Desired See Required	"
City & Sta	le	City & State			$\dashv$
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible text under s. 199.03	
24	25	29	0	Florida Statutes	·
	9. Name and Address of Curren			10. Name and Address of New Registered Agent	
			81 Name	Vanagar Maland	
STEPHEN	IS, C WAYNE		82 Street	Venassa Wood   Address (P.O. Box Number is Not Acceptable)	
	rside ave		III	Riveroide Aug , sle. 120	ı
STE 120			83	14440 (1)	
JACKSON	V/ILLE FL 32202		84 City	B5 Zip Code	
			" 4	Jacksonville FL 32202	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508 Thrida Statutes	, the above-named	d corporation submits this statement for the purpose of changing its register reporation's board of directors, I hereby accept the appointment as registers	red
agent. I s	am lamilia with, and accept the obliga	ations of, Section 617.0503, Florid	da Statutes.	rporation's board of directors, it hereby accept the appointment as registers	oa [
SIGNATURE	MUMANA	LL/00V.	_	re required when reinstating) DATE	İ
40					
12.	OFFICERS ANI	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD Change Made	19/200
NAME	STEPHENS, C. WAYNE	G bitti			ition
STREET ADDRESS	111 RIVERSIDE AVE STE 120		1.2 NAME 1.3 STREET ADDRESS	Richard Glock, M.D. III Riverside Ave, Ste 120	
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	VPD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Jacksonville, FL 32202 VPD Change YAdd	ilian (
NAME	BURRELL, CAROL	CII OLLEN	2.2 NAME	Raymond Silbar, M.D.	mon [
STREET ADDRESS	111 RIVERSIDE AVE STE 120		2 3 STREET ADDRESS	III Riverside Ave. Ste. 120	
City-St-ZiP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP	Jacksonville, FL 32202	- [
TOLE	STD	DELETE	3.1 FITLE	D Change V Add	tion
NAME	CALLAHAN, MICHAEL A.	_	3.2 NAME		
STREET ADDRESS	111 RIVERSIDE AVE., #120		3.3 STREET ADDRESS	William Carriere, MD. 111 Riveroide Ave, Stc. 120	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	3,10,100	☐ DELETE	4.1 TITLE	D Change Add	ition
NAME			4. 2 NAME	Herman Sessions, M.D.	
STREET ADDRESS			4.3 STREET ADDRESS	Herman Sessions, M.D. 111 Riverside Ave, Ste 120	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	Jacksonville, FL 32202	İ
TITLE		☐ DELETE	5.1 TITLE	D Change Add	tion
NAME			5.2 NAME	Joseph Pattison, M.D.	]
STREET ADDRESS			5.9 STREET ADDRESS	III Riverside Auc, Ste. 120	- 1
CITY-ST-ZIP			5.4 CITY - ST - ZIP	Jacksonville, FL 32202	
TITLE		☐ DELETE	6.1 TITLE	Change Addi	tion
NAME			6.2 NAME	Donald Turggs, M.D.	
STREET ADDRESS			6.3 STREET ADDRESS	III Riverside Augste. 120	
CITY-ST-ZIP			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 of Block 13 if changed by an attrichment with an address.

**FILED** 

Jun 10 1997 8:00am

Secretary of State

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AHachment

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400002824 (0)

1. Corporatio	n Name	1494	3000020	27 (0)								
FIRST COAST IPA, INC.												
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Principal Place of Business			Mailing	Mailing Address			į	E SINGIONAL DEN SATAT DENIS MAISE MAISE N	#181 <b>##</b> 101 <b>#</b>		(1 8181 : 281	
11 RIVERSIDE AVE		111 RIVER	111 RIVERSIDE AVE									
TE 120			STE 120	STE 120								
ACKSONVILLE FL 32202			JACKSONV US	JACKSONVILLE FL 32202-4921				3. Date Incorporated or Qualified	3a.	Date of Last R	eport	
,,,			•	03				06/07/1994		06/19/1996		
2. Principal Place of Business			2a. Mail	2a. Mailing Address				4. FEI Number		Ap	plied For	
21			26				59-3329490			t Applicable		
Suite, Apt. #, etc.			<b></b>	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
City & State				Cit. # State						Fee Re	<del></del>	
23	.5		28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip				Zip Country				8. This corporation has flability for intangible tax under s. 199,032,				
24		25	29		30	O O O O O O O O O O O O O O O O O O O			Florida Statutes  Yes No			
	9. Name		Current Registered	Agent					10. Name and Address of New R	egistere	d Agent	
		-				81	Name					
					}	82	Street	Addres	ss (P.O. Box Number is Not Accepta	ble)		
										,		
						83						
•					ľ	84	City				85 Zip (	Code
44 6	A= 4b /-		42.0500 4.042 45	00 60-11-04-1						F		
office or i	to the provis epistered as	sions of Sections to gant, or both, in th	e State of Florida, Su	us, Fiorida Statut ich change was	tes, the ac authorized	ove i by	the corp	corpor	ation submits this statement for the n's board of directors. I hereby according	purpose opt the a	or changing its ppointment as	registered registered
agent. I s	im familiar w	ith, and accept th	e obligations of, Sect	tion 617.0503, Fl	orida Stati	utes.	•					-
SIGNATURE	Bloosture type	i or pooled name of reci	stered agent and title if applic	able. (NO)	F: Registered	Ager	ni signatura	recuired	when reinstating)	DATE		<del></del>
12,			RS AND DIRECTOR		13.				ADDITIONS/CHANGES TO OFF	CERS A	NO DIRECTOR	S IN 12
TITLE				DELETE	1,1 TIT	Œ		Ď			Change	✓ Addition
NAME					1.2 NA	ME		Jor	ge Aguilar, M.D. Riverside Aue, Ste. 12			
STREET ADORESS					1.3 \$1	REET A	ADDRESS					j
CITY-ST-ZIP					1.4 CI		r- <i>ž</i> ip	10	cksonville, FL 3220	2		
TITLE				L) DELETE	2.1 717	2.1 TITLE D			L II Da Hadada M. D.		Change	Addition
NAME				2.2 NAM				Mit	Mitchell Rothstein, M.D.  III Riverside Aug Ste. 120			
STREET ADDRESS					2.3 \$11	REET A	ADDRESS	111	Kiverside Aug Ster 12			
CITY-ST-ZIP				LIncurre	2. 4 CI		T-ZIP	علد	cksouville, FL 322	OZ.	- I Oheara	T Addition
TITLE				☐ DELETE	3.1 Trī						Change	Addition
NAME CTOCKT 4000CCC		•			32 NA							
STREET ADDRESS							ADDRESS					
CITY+ST-ZIP TITLE	}			☐ DELETE	3.4, CI 4.1 TIT		1-219				Change	Addition
NAME		•			4. 2 NJ							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					4.4 CIT							
TITLE	<del></del>			DELETE	5.1 TiT				<del></del>		Change	Addition
NAME				<del></del>	5.2 NA				•		-	Í
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					5.4 CiT							_ [
TITLE				DELETE	6.1 TIT						Сћалде	Addition
NAME					6.2 NA	Mε						
STREET ADDRESS					6.3 ST	REET A	ADDRESS					
CITY-ST-ZIP					6.4 CIT							
14 I do bara	are a actiful the	a the lefermation .	Compliant while their filli-	a dage ant aval	L. for the			mean i	Contino 110 07(2)(i) Florida Ctatut		nar aartiki that I	·ha 7

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