

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

**FILED**  
**Mar 25 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000004605 (0)**  
 1. Corporation Name  
**FIPA DISTRICT #9, INC.**

Principal Place of Business <b>408 W UNIVERSITY AVE SUITE 108 GAINESVILLE FL 32601</b>	Mailing Address <b>408 W UNIVERSITY AVE SUITE 108 GAINESVILLE FL 32601</b>
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3. Date Incorporated or Qualified  
**09/27/1995**

4. FEI Number  
**59-3369972**

Applied For	
Not Applicable	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**HARRIS, FRED D JR  
 101 EAST COLLEGE AVE  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CAUTHENS, JOSEPH C</b>	
STREET ADDRESS	<b>6510 NW BLVD STE 1</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TOMASELLO, PETER A</b>	
STREET ADDRESS	<b>201 NW 82 AVE STE 405</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDBERG, ROBERT I</b>	
STREET ADDRESS	<b>4300 ALTON ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33140</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sec indicated on this annual report or supplemental annual report is true and accurate and that my signature is officer or director of the corporation or the receiver or trustee empowered to execute this report as required Block 12 or Block 13 if changed, or on an attachment with an address.

**Joseph C. Cauthen, M.D., P.A.**  
 6510 N.W. 9th Blvd., Suite 1  
 Gainesville, Florida 32605  
 Ph. (352) 331-0811 Fax (352) 332-6387

I hereby certify that the information is under oath; that I am an agent and that my name appears in

SIGNATURE: *Joseph C. Cauthen*

CR2E037 (10/97)