

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT #** N95000004871 (8)  
1. Corporation Name

**NORTH FLORIDA PHYSICIANS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
c/o Baptist/St. Vincent Health System, Inc. c/o Baptist/St. Vincent Health System, Inc.  
1637 King Street 1637 King Street  
Jacksonville, FL 32204 Jacksonville, FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/13/95</b>	3a. Date of Last Report
4. FEI Number <b>59-3343188</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**RAX CO.**  
50 NORTH LAURA STREET  
SUITE 3300  
JACKSONVILLE, FL 32202

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	P/S
NAME	Todd L. Sack, M.D.
STREET ADDRESS	c/o 1637 King Street
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D/T
NAME	James Fuson, M.D.
STREET ADDRESS	c/o 1637 King Street
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D
NAME	Patricia Calhoun, M.D.
STREET ADDRESS	c/o 1637 King Street
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D
NAME	Ernest Kimball, M.D.
STREET ADDRESS	c/o 1637 King Street
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D
NAME	Richard Stromberg, M.D.
STREET ADDRESS	c/o 1637 King Street
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D
NAME	Robert Threlkel, M.D.
STREET ADDRESS	c/o 1637 King Street
CITY-ST-ZIP	Jacksonville, FL 32202

**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	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* President  
S. Sack

7/14/96

904-388-4361

CS 7/25/96