
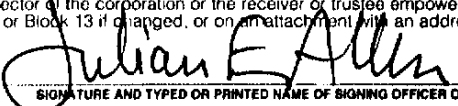


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 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 # N95000004871 (8) 1. Corporation Name NORTH FLORIDA PHYSICIANS ASSOCIATION, INC.					
Principal Place of Business			Mailing Address		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 720 GILMORE STREET		26 720 GILMORE STREET		10/13/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report	
22 SUITE 600		27 SUITE 600		7/25/96	
City & State		City & State		4. FEI Number	
23 JACKSONVILLE, FLORIDA		28 JACKSONVILLE, FLORIDA		59-3343188	
Zip		Zip		Applied For	
24 32204		29 32204		Not Applicable	
Country		Country		5. Certificate of Status Desired	
25 DUVAL		30 DUVAL		<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing	
RAX CO. 50 NORTH LAURA STREET SUITE 3300 JACKSONVILLE, FLORIDA 32202				<input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
81 Name				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				FL	
				85 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 _____ Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME SEE EXHIBIT A ATTACHED			1.2 NAME		
STREET ADDRESS HERETO			1.3 STREET ADDRESS		
CITY- ST- ZIP			1.4 CITY- ST- ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY- ST- ZIP			2.4 CITY- ST- ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY- ST- ZIP			3.4 CITY- ST- ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY- ST- ZIP			4.4 CITY- ST- ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY- ST- ZIP			5.4 CITY- ST- ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- ST- ZIP			6.4 CITY- ST- ZIP		
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, or on an attachment with an address.					
SIGNATURE:  JULIAN E. ALLEN, M.D./President/(904) 308-2640					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E037 (9/96)

EXHIBIT A

NORTH FLORIDA PHYSICIANS ASSOCIATION, INC.

OFFICERS AND DIRECTORS

President and Secretary

Julian E. Allen, M.D.
720 Gilmore Street
Suite 600
Jacksonville, Florida 32204

William Barton, M.D.
720 Gilmore Street
Suite 600
Jacksonville, Florida 32204

Patricia Calhoun, M.D.
720 Gilmore Street
Suite 600
Jacksonville, Florida 32204

Vice President and Treasurer

James Fuson, M.D.
720 Gilmore Street
Suite 600
Jacksonville, Florida 32204

Gerald Giurato, M.D.
720 Gilmore Street
Suite 600
Jacksonville, Florida 32204

Charles Harkness, D.O.
720 Gilmore Street
Suite 600
Jacksonville, Florida 32204

Keikhosrow Harvesf, M.D.
720 Gilmore Street
Suite 600
Jacksonville, Florida 32204

Michael B. Jacobs, M.D.
720 Gilmore Street
Suite 600
Jacksonville, Florida 32204

Taolin Jen, M.D.
720 Gilmore Street
Suite 600
Jacksonville, Florida 32204

Chris Koppel, M.D.
720 Gilmore Street
Suite 600
Jacksonville, Florida 32204

Todd L. Sack, M.D.
720 Gilmore Street
Suite 600
Jacksonville, Florida 32204

Richard Stromberg, M.D.
720 Gilmore Street
Suite 600
Jacksonville, Florida 32204

Robert Threlkel, M.D.
720 Gilmore Street
Suite 600
Jacksonville, Florida 32204

William "Randy" Wainwright, M.D.
720 Gilmore Street
Suite 600
Jacksonville, Florida 32204