


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004871 (8)**

1. Corporation Name

NORTH FLORIDA PHYSICIANS ASSOCIATION, INC.



Principal Place of Business 720 GILMORE STREET SUITE 600 JACKSONVILLE FL 32204	Mailing Address 720 GILMORE STREET SUITE 600 JACKSONVILLE FL 32204
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3. Date Incorporated or Qualified 10/13/1995
4. FEI Number 59-3343188
Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent RAX CO. 50 NORTH LAURA STREET SUITE 3300 JACKSONVILLE FL 32202
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	D
NAME	ALLEN, JULIAN E M.D.	1.2 NAME	
STREET ADDRESS	720 GILMORE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	STROMBERG, RICHARD M.D. 5
NAME	BARTON, WILLIAM	2.2 NAME	P/D
STREET ADDRESS	720 GILMORE STREET	2.3 STREET ADDRESS	720 GILMORE STREET
CITY-ST-ZIP	JACKSONVILLE FL 32204	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	D	3.1 TITLE	GIVRATO, GERALD M.D. 5
NAME	CALHOUN, PATRICIA	3.2 NAME	D
STREET ADDRESS	720 GILMORE STREET	3.3 STREET ADDRESS	720 GILMORE STREET
CITY-ST-ZIP	JACKSONVILLE FL 32204	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	D	4.1 TITLE	D
NAME	JACOBS, MICHAEL	4.2 NAME	GLOERSEN, PETER M.D.
STREET ADDRESS	720 GILMORE STREET	4.3 STREET ADDRESS	720 GILMORE STREET
CITY-ST-ZIP	JACKSONVILLE FL 32204	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	D	5.1 TITLE	D
NAME	JEN, TAOLIN	5.2 NAME	HARKNESS, CHARLES D.O.
STREET ADDRESS	720 GILMORE STREET	5.3 STREET ADDRESS	720 GILMORE STREET
CITY-ST-ZIP	JACKSONVILLE FL 32204	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	D	6.1 TITLE	D
NAME	KOPPEL, CHRIS	6.2 NAME	LAWLOR, JAMES M.D.
STREET ADDRESS	720 GILMORE STREET	6.3 STREET ADDRESS	720 GILMORE STREET
CITY-ST-ZIP	JACKSONVILLE FL 32204	6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204

14. I 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 as an attachment with an address.

SIGNATURE:  (904) 396-5682

CR2E037 (10/97)