

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004871

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90076 030 ****61.25



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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/13/1995

4. FEI Number

59-3343188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

TITLE ☐ DELETE

NAME **D ALLEN, JULIAN E M.D.**
STREET ADDRESS **720 GILMORE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE ☒ DELETE

NAME **PD STROMBERG, RICHARD M**
STREET ADDRESS **720 GILMORE ST**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE ☐ DELETE

NAME **D CALHOUN, PATRICIA**
STREET ADDRESS **720 GILMORE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE ☐ DELETE

NAME **D JACOBS, MICHAEL**
STREET ADDRESS **720 GILMORE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE ☐ DELETE

NAME **D HARKNESS, CHARLES D**
STREET ADDRESS **720 GILMORE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE ☐ DELETE

NAME **D KOPPEL, CHRIS**
STREET ADDRESS **720 GILMORE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **P/D James N. Burt, M.D.**
1.3 STREET ADDRESS **720 Gilmore Street**
1.4 CITY-ST-ZIP **Jacksonville FL 32204**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D Eric Haas, M.D.**
2.3 STREET ADDRESS **720 Gilmore St**
2.4 CITY-ST-ZIP **Jacksonville FL 32204**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D Kenneth Horn, M.D.**
3.3 STREET ADDRESS **720 Gilmore St**
3.4 CITY-ST-ZIP **Jacksonville FL 32204**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D William Long, M.D.**
4.3 STREET ADDRESS **720 Gilmore St**
4.4 CITY-ST-ZIP **Jacksonville FL 32204**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, with or without like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/19/99** Daytime Phone #

CR2E037 (11/98)