NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000004871

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





Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Sp-3343188 Not Applied For Sp-3343188 Not Applied For City & State City & State City & State Status Desired S8.75 Additional Fee Required 23 Zip Country Zip Z	2. Principal P	Place of Business 2a. Mailing Address			3. Date Incorporated or Qualifed			
Section Composition Section Sectio	21				10/13/1995		 	
City & State Size of Country City & State	Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			-		 	
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Zip Country	¬ ···, · · · · · · · · · · · · · · · · ·					5. Certifcate of Status Desired		
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Superior of 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 office or registered agent, and accept the obligations of, Section 617.0503, 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, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and statutes, the above-named corporation submits this statement for the purpose of ch	Zip Country Zip			-		——————————————————————————————————————		
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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 receivery of 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 a foline like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR