


FILE NOW: FILING FEE IS \$61.25

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

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/13/1995	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-3343188	Not Applicable
24	Country	29	Country	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	

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
85	Zip Code

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, JULIAN E M.D.	1.2 NAME	James N. Burt, M.D.
STREET ADDRESS	720 GILMORE STREET	1.3 STREET ADDRESS	720 Gilmore Street
CITY-ST-ZIP	JACKSONVILLE FL 32204	1.4 CITY-ST-ZIP	Jacksonville FL 32204
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STROMBERG, RICHARD M	2.2 NAME	Eric Haas, M.D.
STREET ADDRESS	720 GILMORE ST	2.3 STREET ADDRESS	720 Gilmore St
CITY-ST-ZIP	JACKSONVILLE FL 32204	2.4 CITY-ST-ZIP	Jacksonville FL 32204
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALHOUN, PATRICIA	3.2 NAME	Kenneth Horn, M.D.
STREET ADDRESS	720 GILMORE STREET	3.3 STREET ADDRESS	720 Gilmore St
CITY-ST-ZIP	JACKSONVILLE FL 32204	3.4 CITY-ST-ZIP	Jacksonville FL 32204
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, MICHAEL	4.2 NAME	William Long, M.D.
STREET ADDRESS	720 GILMORE STREET	4.3 STREET ADDRESS	720 Gilmore St
CITY-ST-ZIP	JACKSONVILLE FL 32204	4.4 CITY-ST-ZIP	Jacksonville FL 32204
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Jacksonville - FL 32204 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKNESS, CHARLES D	5.2 NAME	
STREET ADDRESS	720 GILMORE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPPEL, CHRIS	6.2 NAME	
STREET ADDRESS	720 GILMORE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	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 other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 4/19/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)