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Apr 09 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002850 (2)

1. Corporation Name

FIPA REGION #1, INC.

Principal Place of Business

Mailing Address

408 WEST UNIVERSITY DR
SUITE 108
GAINESVILLE FL 32601

408 WEST UNIVERSITY DR
SUITE 108
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, FRED F ESQ.
101 EAST COLLEGE AVENUE
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CAUTHEN, JOSEPH C
STREET ADDRESS 6510 N.W. 9TH BLVD.
CITY-ST-ZIP GAINESVILLE FL 32605

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME DUSSIA, EVAN E II
STREET ADDRESS 1911 MCCOSUKEE RD
CITY-ST-ZIP TALLAHASSEE FL 32308

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME BRUCE, WM G MD
STREET ADDRESS 520 N MACARTHUR AVE
CITY-ST-ZIP PANAMA CITY FL 32401

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13, changed, or on an attachment with an address.

Joseph C. Cauthen, M.D., P.A.
6510 N.W. 9th Blvd., Suite 1
Gainesville, Florida 32605
Ph. (352) 331-0811 Fax (352) 332-6387

Florida Statutes. I further certify that the information has 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 Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE

Joseph C. Cauthen

3/10/98

CR2E037 (10/97)