FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081587 (5)

1. Corporation Name

INDEPENDENT PHYSICIANS ASSOCIATION REGION IX, IN C.

Principal Place of Business

3540 FOREST HILL BLVD.
SUITE 101
WEST PALM BEACH FL 33406

Mailing Address

3540 FOREST HILL BLVD.
SUITE 101
WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1994

3a. Date of Last Report:

4. FEI Number: 650540678 — 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

8. Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business: 21 / Suite, Apt. #, etc.: 22 / City & State: 23 / 24 / 25

2a. Mailing Address: 26 / Suite, Apt. #, etc.: 27 / City & State: 28 / 29 / 30

9. Name and Address of Current Registered Agent

KUCERA, FRANK E MD
229 N.E. 8TH STREET
DELRAY BEACH FL 33444

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 607.0502 and 617.0502, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	D
Name	KUCERA, FRANK E MD
Street Address	229 NE 8TH STREET
City-St-Zip	DELRAY BEACH FL 33444
Title	D
Name	MASSOUMI, MAS G MD
Street Address	1500 NORTH DIXIE HWY #104
City-St-Zip	WEST PALM BEACH FL 33401
Title	D
Name	SELTZER, PAUL DO
Street Address	2051 45TH STREET #101
City-St-Zip	WEST PALM BEACH FL 33407
Title	D
Name	ELDIK, DICK VAN MD
Street Address	230 SOUTH DIXIE HIGHWAY
City-St-Zip	LAKE WORTH FL 33460

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☒ Change ☐ Addition

D
THOMAS J. ALLRED, M.D.
~~P.O. BOX 17686~~
~~WEST PALM BEACH FL 33416~~
15485 MEADOW WOOD DRIVE
WEST PALM BEACH, FL 33414

Changed to street address per your request

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank E. Kucera MD — 3-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0248801 CP