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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000081587 (5)**

1. Corporation Name

INDEPENDENT PHYSICIANS ASSOCIATION REGION IX, INC.



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**

3. Date Incorporated or Qualified

11/07/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **2240 Woolbright Rd**

26 **2240 Woolbright Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 326**

27 **Suite 326**

City & State

City & State

23 **BOYNTON BEACH FL**

28 **BOYNTON Bch FL**

Zip

Country

Zip

Country

24 **33426**

25 **USA**

29 **33426**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D KUCERA, FRANK E MD**
STREET ADDRESS **229 NE 8TH STREET**
CITY-STATE-ZIP **DELRAY BEACH FL 33444**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **D WASSBOURN, MAC G MD**
STREET ADDRESS **1500 NORTH DIXIE HWY #104**
CITY-STATE-ZIP **WEST PALM BEACH FL 33401**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **D SELTZER, PAUL DO**
STREET ADDRESS **2051 45TH STREET #101**
CITY-STATE-ZIP **WEST PALM BEACH FL 33407**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **D ALLRED, THOMAS J. M**
STREET ADDRESS **15485 MEADOW WOOD DR**
CITY-STATE-ZIP **WEST PALM BEACH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank E Kucera MD

2/1/96 (407) 222-1234

CR2E034 (12/95)