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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000081587 (5)

1. Corporation Name

INDEPENDENT PHYSICIANS ASSOCIATION REGION IX, IN
C.

Principal Place of Business

2240 WOOLBRIGHT ROAD
SUITE 326
BOYNTON BEACH FL 33426
US

Mailing Address

2240 WOOLBRIGHT ROAD
SUITE 326
BOYNTON BEACH FL 33426-6365
US

3. Date Incorporated or Qualified
11/07/1994

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

21 2240 WOOLBRIGHT RD

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite 326

23 City & State

BOYNTON BCH FL

24 Zip

33426

Country

25 USA

27 City & State

28 Zip

29 Country

30

4. FEI Number

65-0540678

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

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 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 reinstating)

DATE

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 ALLRED, THOMAS J. M
STREET ADDRESS 15485 MEADOW WOOD DR
CITY - ST - ZIP WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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

Date

1-7-97

Daytime Phone #

CR2E034 (9/96)