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FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 WOOKBRIGHT ROAD
SUITE 326
BOYNTON BEACH FL 33426
US

Mailing Address

2240 WOOLBRIGHT ROAD
SUITE 326
BOYNTON BEACH FL 33426
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21 2240 WOOLBRIGHT RD

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 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 ☐ DELETE

NAME KUCERA, FRANK E MD
STREET ADDRESS 229 NE 8TH STREET
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE D ☐ DELETE

NAME MASSOUMI, MAS G MD
STREET ADDRESS 1500 NORTH DIXIE HWY #104
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☐ DELETE

NAME SMITH, J R
STREET ADDRESS 515 S FEDERAL HWY
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D ☒ DELETE

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

TITLE D ☐ DELETE

NAME CHESHIRE, MCKINLEY
STREET ADDRESS 914 N OLIVE AVE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME PAUL SELTZER
1.3 STREET ADDRESS 2051 45th St.
1.4 CITY-ST-ZIP West Palm Beach, FL 33407

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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

CR2E034 (10/97)