

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90062 012 ***150.00

DOCUMENT # P94000081587

1. Corporation Name

INDEPENDENT PHYSICIANS ASSOCIATION REGION IX, IN
C.

Principal Place of Business

2240 WOOLBRIGHT RD
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

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 2051 45th ST

Suite, Apt. #, etc.

22 101

City & State

23 WEST Palm Beach

Zip

24 33407

Country

25 Palm Beach

2a. Mailing Address

26 2051 45th ST

Suite, Apt. #, etc.

27 101

City & State

28 WEST Palm Beach

Zip

29 33407

Country

30 Palm Beach

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

PETER N. BONI TATIBUS

82 Street Address (P.O. Box Number is Not Acceptable)

1515 N. FEDERAL HWY # 222

83

84 City

Boca Raton

FL

85 Zip Code

33432

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

Peter N. Boni Tatibus

PETER N. BONI TATIBUS

1/17/99

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 SELTZER, PAUL
STREET ADDRESS 2051 45TH ST
CITY-ST-ZIP W PALM BCH FL 33407

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE

John R. ...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-99

CR2E034 (11/98)

0333720