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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000047028 (2)  
1. Corporation Name  
REGIONAL INDEPENDENT PHYSICIAN ASSOCIATION, INC.



Principal Place of Business  
1540 S. TAMiami TRAIL  
SARASOTA FL 34239

Mailing Address  
1540 S. TAMiami TRAIL  
SARASOTA FL 34239-2940

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
06/16/1995

3a. Date of Last Report  
02/28/1996

4. FEI Number  
APPLIED FOR 65-0587760

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

10. Name and Address of New Registered Agent

FRENCH, G. TED  
1750 RINGLING BOULEVARD  
SARASOTA FL 34236

81 Name  
Ruden, McClosky, Smith, Schuster &  
82 Street Address (P.O. Box Number is Not Acceptable)  
Russell, P.A.  
1549 Ringling Blvd., #600  
83  
84 City  
Sarasota  
FL 85 Zip Code  
34236

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 consenting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	HARTMAN, RANDY B M.D.	
STREET ADDRESS	1540 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	DELETE
NAME	NATARAJAN, PONNUSWAMY M.D.	
STREET ADDRESS	1540 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	DELETE
NAME	LISS, GEOFFREY M.D.	
STREET ADDRESS	1540 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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]*

4-10-97

3/20/97

CR2E034 (9/96)