FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000065524 (7)**

1. Corporation Name

NORTH CENTRAL FLORIDA INDEPENDENT PRACTITIONERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2831-F NW 41ST ST GAINESVILLE FL 32606	2831-F NW 41ST ST GAINESVILLE FL 32606

3. Date Incorporated or Qualified: **08/23/1995**

3a. Date of Last Report:

2. Principal Place of Business
21:
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:

4. FEI Number: **59-3337952** ☐ 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

DOWNEY, KEVIN I
2631 NW 41ST ST
SUITE A-2
GAINESVILLE FL 32606

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	KUNIANSKY, DAVID		1.2 NAME	Pino, Ramon. MD.	
STREET ADDRESS	4001 NEWBERRY RD B-III		1.3 STREET ADDRESS	2772 NW 43rd St. Ste B.	
CITY-ST-ZIP	GAINESVILLE FL 32607		1.4 CITY-ST-ZIP	Gainesville FL 32606 ✓	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	JOSEPHSON, GILDA S		2.2 NAME	Koestner Candace	
STREET ADDRESS	2831-F NW 41ST ST		2.3 STREET ADDRESS	1109 NW 23rd Ave. Ste A	
CITY-ST-ZIP	GAINESVILLE FL 32606		2.4 CITY-ST-ZIP	Gainesville, FL 32609 ✓	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	FABRICK, LEWIS A		3.2 NAME	Hoom, Emily Frank	
STREET ADDRESS	~~9655 SW 2ND AVE~~ 2631 NW 41st St. ✓		3.3 STREET ADDRESS	2531 NW 41st St. Bldg C.	
CITY-ST-ZIP	GAINESVILLE FL ~~32607~~ 32606		3.4 CITY-ST-ZIP	Gainesville, FL. 32606	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NEIMS, MYRNA R		4.2 NAME		
STREET ADDRESS	1215 NW 12TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE ✓	5.1 TITLE		☐ Change ☐ Addition
NAME	KEITT, RUTH M		5.2 NAME		
STREET ADDRESS	1031 NW 6TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601		5.4 CITY-ST-ZIP		
TITLE		☐ ~~DELETE~~	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Lewis F. Fabrick PhD 2-6-96 352-3750622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #