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Feb 27 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 # P95000065524 (7)

1. Corporation Name

NORTH CENTRAL FLORIDA INDEPENDENT PRACTITIONERS
ASSOCIATION, INC.

Principal Place of Business

2831-F NW 41ST ST
GAINESVILLE FL 32606

Mailing Address

2831-F NW 41ST ST
GAINESVILLE FL 32606-8890



3. Date Incorporated or Qualified

08/23/1995

3a. Date of Last Report

02/08/1996

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

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

9. Name and Address of Current Registered Agent

DOWNEY, KEVIN I
2831 NW 41ST ST
SUITE A-2
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name

No change

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 of Special Agent or Registered Agent (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	KUNIANSKY, DAVID	
STREET ADDRESS	4001 NEWBERRY RD B-III	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	DELETE
NAME	JOSEPHSON, GILDA S	
STREET ADDRESS	2831-F NW 41ST ST	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	DELETE
NAME	FABRICK, LEWIS A	
STREET ADDRESS	2831 NW 41ST ST - C-3	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	DELETE
NAME	NEMS, MYRNA R	
STREET ADDRESS	1215 NW 12TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	PINO, RAMON M	DELETE
NAME	2772 NW 43RD ST - SUITE B	
STREET ADDRESS	GAINESVILLE FL	
CITY-ST-ZIP		
TITLE	D	DELETE
NAME	KOSETNER, CANDACE	
STREET ADDRESS	1109 NW 23RD AVE - SUITE A	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	Change	Addition
12 NAME	Land, Jenny PhD		
13 STREET ADDRESS	1034 NW 57th Street Suite B.		
14 CITY-ST-ZIP	Gainesville FL 32606		
21 TITLE	D	Change	Addition
22 NAME	Horn, Mary L. PhD.		
23 STREET ADDRESS	1215 NW 12th Ave		
24 CITY-ST-ZIP	Gainesville, FL 32601		
31 TITLE	D	Change	Addition
32 NAME	Saklor, Leslie J. LCSW		
33 STREET ADDRESS	2831 NW 41st St. Suite F		
34 CITY-ST-ZIP	Gainesville, FL 32606		
41 TITLE	570	Change	Addition
42 NAME	Horn, Emily F. PhD.		
43 STREET ADDRESS	2531 NW 41st St. Bldg. C		
44 CITY-ST-ZIP	Gainesville, FL 32606		
51 TITLE	T	Change	Addition
52 NAME	Lewis A. Fabrick PhD		
53 STREET ADDRESS	2631 NW 41st St. E-6		
54 CITY-ST-ZIP	Gainesville FL 32606		
61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 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:

Lewis A. Fabrick (Lewis A. Fabrick)
TREASURER

2-24-97

352-
575-0672

Date

Daytime Phone #

CR2E034 (9/96)