

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 10, 1999 8:00 am  
Secretary of State

03-10-1999 90021 005 \*\*\*150.00

DOCUMENT # P95000065524

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1995

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAND, JERRY PHD	
STREET ADDRESS	1034 NW 57TH ST SUITE B	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOTH, MARY L PHD	
STREET ADDRESS	1215 NW 12TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAHLER, LESLIE J LCSW	
STREET ADDRESS	2831 NW 41ST ST SUITE F	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOON, EMILY F PHD	
STREET ADDRESS	2531 NW 41ST ST BLDG C	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FABRICK, LEWIS A PHD	
STREET ADDRESS	2631 NW 41ST ST E-5	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOESTNER, CANDACE	
STREET ADDRESS	1109 NW 23RD AVE - SUITE A	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIANA RIVERA, PH.D	
1.3 STREET ADDRESS	2831 NW 41ST ST. SUITE F	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVID KUNIAWSKY	
2.3 STREET ADDRESS	2830 NW 41ST ST - SUITE D3	
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BONNIE BAKER, PH.D	
3.3 STREET ADDRESS	2831 NW 41ST ST. SUITE F	
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOANNE SCHINDLER	
4.3 STREET ADDRESS	2831 NW 41ST STREET - SUITE	
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
5.1 TITLE	T	<input checked="" type="checkbox"/> ADDITION
5.2 NAME	DIANE FARRIS	
5.3 ST	7.	
5.4 CITY	2245 NW 5th Place	
6.1 TITLE	Gainesville, FL 32607	
6.2 NAME		
6.3 STRE		
6.4 CITY	32601	

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: Myrna R. Neims PhD MYRNA R. NEIMS PH.D. 3-4-99 352-378-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)