

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90094 020 ***150.00

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1. Entity Name
**NORTH CENTRAL FLORIDA INDEPENDENT PRACTITIONERS
ASSOCIATION, INC.**



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

Mailing Address
C/O EMILY HOON. PH.D.
2531-C NW 41ST ST.
GAINESVILLE FL 32606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3337952**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PS KUNIANSKY, DAVID EDS**
STREET ADDRESS **2630 NW 41ST STE D3**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☒ Change ☐ Addition
NAME **D Kuniansky, David Eds**
STREET ADDRESS **2630 NW 41st St Ste D3**
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE ☐ Delete
NAME **D BAKER, BONNIE PHD**
STREET ADDRESS **2831 NW 41ST ST SUITE F**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☒ Change ☐ Addition
NAME **PS Baker, Bonnie Ph.D.**
STREET ADDRESS **2831 NW 41st St Ste F**
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE ☐ Delete
NAME **D JOSEPHSON, GILDA PH.D.**
STREET ADDRESS **2831 NW 41ST ST STE F**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T HOON, EMILY FRANCK PHD**
STREET ADDRESS **2531 NW 41ST ST BLDG C**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Emily Franck Hoon, Ph.D.* **3/4/2003 (852) 375-4666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)