

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90281 023 ***150.00

DOCUMENT # P97000077024

1. Corporation Name

NORTH COUNTY PHYSICIANS IPA, INC.

Principal Place of Business

4642 DARLINGTON RD.
HOLIDAY FL 34690

Mailing Address

4642 DARLINGTON RD.
HOLIDAY FL 34690

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number

65-0617156

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

21 209 STATE ST.

Suite, Apt. #, etc.

22

City & State

23 OLDSMAN FL

Zip Country

24 34699 25 USA

2a. Mailing Address

26 209 STATE ST.

Suite, Apt. #, etc.

27

City & State

28 OLDSMAN FL

Zip Country

29 34699 30 USA

9. Name and Address of Current Registered Agent

FORLIZZO, ROBERT A
13577 FEATHER SOUND DR., STE. 300
CLEARWATER FL 33762

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 P/D ☐ DELETE

NAME FISCHER, JAMES MD

STREET ADDRESS 34637 US HWY 19 N.

CITY-ST-ZIP PALM HARBOR FL 34684

TITLE VP ☐ DELETE

NAME DAVIS, JEFF MD

STREET ADDRESS 4642 DARLINGTON RD.

CITY-ST-ZIP HOLIDAY FL 34690

TITLE ~~BEHAN, MORRIS~~ ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ~~DIRECTOR~~ ☐ DELETE

NAME MORRIS BEHAN

STREET ADDRESS 209 STATE ST.

CITY-ST-ZIP OLDSMAN, FL 34699

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME DIRECTOR MORRIS BEHAN

1.3 STREET ADDRESS 209 STATE ST

1.4 CITY-ST-ZIP OLDSMAN, FL 34699

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 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:

Morris Behan MORRIS BEHAN

4-22-99

813-855-1559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0500348