

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100197

1. Entity Name

FEDERATION OF PHYSICIANS AND DENTISTS IPA, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90015 016 ***150.00

Principal Place of Business

Mailing Address

3815 N US 1, SUITE 121
COCOA FL 32927

3815 N US 1, SUITE 121
COCOA FL 32926-5949

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3381903

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOSCH, MIKE
3815 N US 1, SUITE 121
COCOA FL 32927

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SEDDON, JOHN J	
STREET ADDRESS	100 W. JEFFERSON ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BALSAM, PETER	
STREET ADDRESS	825 CENTURY MEDICAL DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SPRAWLS, R. DUFF	
STREET ADDRESS	225 CONE RD	
CITY-ST-ZIP	MERRIT ISLAND FL 32952	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, JUAN	
STREET ADDRESS	805 CENTURY MEDICAL DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SMALLWOOD, KRISTAN	
STREET ADDRESS	1980 N. A1A	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1310 CROSS CREEK CIRCLE	
CITY-ST-ZIP	ST. C-2, TALLAHASSEE, FL 32301	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD LANG, M.D.	
STREET ADDRESS	4900 W. OAKLAND PK. BLVD. ST108	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33313	
TITLE	SEC. 1 TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLERMO PASARIN, M.D.	
STREET ADDRESS	4900 W. OAKLAND PK. BLVD. ST108	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN J. SEDDON

Director 4/13/00 850-942-6636

CR2E034 (9/99)