

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 23 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **673460** (2)

1. Corporation Name

COOK, MANER & WILLIAMS, M.D.'S P.A.

Principal Place of Business
**801 E. 6TH STREET, STE.504
PANAMA CITY FL 32401**

Mailing Address
**801 E. 6TH STREET, STE.504
PANAMA CITY FL 32401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/13/1980** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2005970** 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		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**COOK, JAMES T.
801 EAST SIXTH STREET
PANAMA CITY FL**

10. Name and Address of Now Registered Agent

81 Name	Cook, James T.
82 Street Address (P.O. Box Number is Not Acceptable)	801 E. 6th Street
83	Suite 504
84 City	Panama City FL
85 Zip Code	32401

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 607.0503, Florida Statutes.

SIGNATURE

[Handwritten Signature]

2-25-95

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JAMES T III	1.2 NAME	
STREET ADDRESS	801 E 6TH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	Vice Pres only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANER, THOMPSON C	2.2 NAME	
STREET ADDRESS	801 E 6TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, J. CURTIS	3.2 NAME	
STREET ADDRESS	801 E 6TH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	3.4 CITY - ST - ZIP	
TITLE	Evans, Bussie A	4.1 TITLE	2nd Vice Pres <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	801 E 6th St	4.2 NAME	
STREET ADDRESS	P.C., FL 32401	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	Stokes, Michael J.	5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	801 E. 6th St.	5.2 NAME	
STREET ADDRESS	P.C., FL 32401	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *[Handwritten Signature]*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2-25-95

DATE

904-769-0329

PHONE NUMBER