

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90194 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 673460

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		- 06/13/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2005970	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COOK, JAMES T. 801 EAST SIXTH STREET ST 504 PANAMA CITY FL 32401				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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]* DATE: 4-27-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		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	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input 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	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input checked="" 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	VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EVANS, BUSSIE A.			4.2 NAME			
STREET ADDRESS	801 E 6TH ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STOKES, MICHAEL J.			5.2 NAME			
STREET ADDRESS	801 E 6TH ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Trantham, J. L.			6.2 NAME			
STREET ADDRESS	801 E. 6th St			6.3 STREET ADDRESS			
CITY-ST-ZIP	Panama City, FL 32401			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: *[Signature]* DATE: 4-27-99 DAYTIME PHONE #: 850-769-0329

CR2E034 (11/98)