

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

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:26

DOCUMENT # **F53816** (7)
1. Corporation Name
SHAO, GINCAUSKAS, BENTZ & NALLEY, M.D.'S, P.A.

Principal Place of Business Mailing Address
1717 N. E. ST. **P. O. BOX 18746**
STE 430 **PENSACOLA FL 32523**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/16/1981** 3a. Date of Last Report **01/31/1994**
4. FEI Number **59-2166388** 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 **212 W. Cervantes St** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
City & State City & State
23 **Pensacola FL** 28
Zip Country Zip Country
24 **32501** 25 **Escambia** 29 **FL** 30

9. Name and Address of Current Registered Agent
BENTZ, PHILIP D
1717 N. E. ST.
STE 430
PENSACOLA FL 32501

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **212 W. Cervantes St**
83
84 City **FL** 85 **32501**

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 607.0502, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/14/95**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	PAUL R. SHAO, M.D.
STREET ADDRESS	212 WEST CERVANTES STREET
CITY - ST - ZIP	PENSACOLA FL
TITLE	P
NAME	JAMES H. NALLEY, M.D.
STREET ADDRESS	212 WEST CERVANTES STREET
CITY - ST - ZIP	PENSACOLA FL
TITLE	VP
NAME	BENTZ, PHILIP D
STREET ADDRESS	212 W. CERVANTES ST.
CITY - ST - ZIP	PENSACOLA, FL 00000
TITLE	VPS
NAME	GINCAUSKAS, ROLAND J
STREET ADDRESS	212 W. CERVANTES ST.
CITY - ST - ZIP	PENSACOLA, FL 00000
TITLE	VP
NAME	ASHMORE, B. WAYNE, M.D.
STREET ADDRESS	212 W. CERVANTES ST.
CITY - ST - ZIP	PENSACOLA FL
TITLE	VP
NAME	PATTON, ROBERT F.
STREET ADDRESS	212 W CERVANTES ST
CITY - ST - ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MONICA E. STARKE, M.D.
1.3 STREET ADDRESS	212 WEST CERVANTES STREET
1.4 CITY - ST - ZIP	PENSACOLA FL
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GAVIN W. FINLEY M D
2.3 STREET ADDRESS	212 West Cervantes St
2.4 CITY - ST - ZIP	Pensacola FL 32501
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(a), 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 amendment with an addition.

SIGNATURE: *[Signature]* DATE: **3/14/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR