

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F53816 (7)**

1. Corporation Name

**SHAO, GINCAUSKAS, BENTZ & NALLEY, M.D.'S, P.A.**



Principal Place of Business

Mailing Address

212 W CERVANTES ST  
PENSACOLA FL 32501  
US

P. O. BOX 18746  
PENSACOLA FL 32523  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**BENTZ, PHILIP D**  
**212 W CERVANTES ST**  
~~**STE 438**~~  
**PENSACOLA FL 32501**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**DELETE THE SUITE #**

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**11/16/1981**

3a. Date of Last Report

**03/17/1995**

4. FLL 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

10. Name and Address of New Registered Agent

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 is printed when not signing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	PAUL R. SHAO, M.D.	
STREET ADDRESS	212 WEST CERVANTES STREET	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JAMES H. NALLEY, M.D.	
STREET ADDRESS	212 WEST CERVANTES STREET	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BENTZ, PHILIP D	
STREET ADDRESS	212 W. CERVANTES ST.	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GINCAUSKAS, ROLAND J	
STREET ADDRESS	212 W. CERVANTES ST.	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ASHMORE, B. WAYNE, M.D.	
STREET ADDRESS	212 W. CERVANTES ST.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> DELETE
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. TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Gavin W. Finley, M.D.	
13 STREET ADDRESS	212 West Cervantes Street	
14 CITY - ST - ZIP	Pensacola, Florida 32501	
2. TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Monica E. Starke, M.D.	
23 STREET ADDRESS	212 West Cervantes Street	
24 CITY - ST - ZIP	Pensacola, Florida 32501	
3. TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Timothy W. Houseman, M.D.	
33 STREET ADDRESS	212 West Cervantes Street	
34 CITY - ST - ZIP	Pensacola, Florida 32501	
4. TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Franklin B. Segal, M.D.	
43 STREET ADDRESS	212 West Cervantes Street	
44 CITY - ST - ZIP	Pensacola, Florida 32501	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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 on an agreement with an address.

SIGNATURE:

*Roland J. Gincauskas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/96

9044381848  
Digital Privacy

CR2E034 (12/95)