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**Jan 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F53816 (7)
 1. Corporation Name
SHAO, GINCAUSKAS, BENTZ & NALLEY, M.D.'S, P.A.



Principal Place of Business 212 W CERVANTES ST PENSACOLA FL 32501 US	Mailing Address P. O. BOX 18746 PENSACOLA FL 32523-8746 US
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3. Date Incorporated or Qualified 11/16/1981	3a. Date of Last Report 01/22/1996
4. FEI Number 59-2166388	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1717 N. "E" ST.	2a. Mailing Address 26 1717 N. "E" ST
Suite, Apt. #, etc. 22 STE 203	Suite, Apt. #, etc. 27 STE 203
City & State 23	City & State 28
Zip 24 32501-6336	Country 25
Zip 29 32501-6336	Country 30

9. Name and Address of Current Registered Agent BENTZ, PHILIP D 212 W. CERVANTES ST. PENSACOLA FL 32501	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1717 N. "E" ST STE 203 83 84 City PENSACOLA FL 85 Zip Code 32501
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAUL R. SHAO, M.D. 212 WEST CERVANTES STREET PENSACOLA FL <input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES H. NALLEY, M.D. 212 WEST CERVANTES STREET PENSACOLA FL <input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENTZ, PHILIP D 212 W. CERVANTES ST. PENSACOLA, FL 00000 <input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GINCAUSKAS, ROLAND J 212 W. CERVANTES ST. PENSACOLA, FL 00000 <input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHMORE, B. WAYNE, M.D. 212 W. CERVANTES ST. PENSACOLA FL <input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATTON, ROBERT F. 212 W CERVANTES ST PENSACOLA FL <input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I do 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 its predecessor 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.

SIGNATURE: _____ 1-17-97 904-438-1848
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)