

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 1717 N.E. ST. STE 203 PENSACOLA FL 32501-6336 US	Mailing Address P.O. BOX 18746 PENSACOLA FL 32501-6336 US
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3. Date Incorporated or Qualified
11/16/1981

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 1717 N. "E" St Ste 203 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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4. FEI Number
59-2166388

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

BENTZ, PHILIP D
1717 N.E. ST., STE 203
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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	VP PAUL R. SHAO, M.D. 212 WEST CERVANTES STREET PENSACOLA FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P JAMES H. NALLEY, M.D. 212 WEST CERVANTES STREET PENSACOLA FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	1717 N. "E" St Ste 203
CITY-ST-ZIP		2.4 CITY-ST-ZIP	32501-6336
TITLE	VP BENTZ, PHILIP D 212 W. CERVANTES ST. PENSACOLA, FL 00000	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	1717 N. "E" St Ste 203
CITY-ST-ZIP		3.4 CITY-ST-ZIP	32501-6336
TITLE	VPS GINCAUSKAS, ROLAND J 212 W. CERVANTES ST. PENSACOLA, FL 00000	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	1717 N. "E" St Ste 203
CITY-ST-ZIP		4.4 CITY-ST-ZIP	32501-6336
TITLE	VP ASHMORE, B. WAYNE, M.D. 212 W. CERVANTES ST. PENSACOLA FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	1717 N. "E" St Ste 203
CITY-ST-ZIP		5.4 CITY-ST-ZIP	32501-6336
TITLE	VP PATTON, ROBERT F. 212 W CERVANTES ST PENSACOLA FL	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	1717 N. "E" St Ste 203
CITY-ST-ZIP		6.4 CITY-ST-ZIP	32501-6336

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.

SIGNATURE: _____ 4/2/98

CP2E034 (10/97)