

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90025 048 \*\*\*150.00

**DOCUMENT # F53816**

1. Entity 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 1717 N "E" ST SUITE 203 PENSACOLA FL 32501-6336 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2166388</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BENTZ, PHILIP D 1717 N.E. ST., STE 203 PENSACOLA FL 32501</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JAMES H. NALLEY, M.D.</b> <b>1717 N "E" ST STE 203</b> <b>PENSACOLA FL 32501-6336</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FINLEY MD, GAVIN W.</b> <b>1717 N "E" ST STE 203</b> <b>PENSACOLA FL 32501 6336</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BENTZ, PHILIP D</b> <b>1717 N "E" ST STE 203</b> <b>PENSACOLA, FL 00000 32501-6336</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>STARKE, MD, MONICA E</b> <b>1717 N "E" ST 203</b> <b>PENSACOLA FL 32501 6336</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>GINCAUSKAS, ROLAND J</b> <b>1717 N "E" ST STE203</b> <b>PENSACOLA, FL 00000 32501-6336</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ASHMORE, B. WAYNE, M.D.</b> <b>1717 N "E" ST STE 203</b> <b>PENSACOLA FL 32501-6336</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PATTON, ROBERT F.</b> <b>1717 N "E" ST STE203</b> <b>PENSACOLA FL 32501-6336</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP D BENTZ MD DATE: 1/11/00 DAYTIME PHONE #: (850) 438 1848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PHILIP D BENTZ MD**

CR2E034 (9/99)