

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90074 041 ***158.75

FILED

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
------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
------------------------------------------------------------------------------	------------------------------------------------------------------	---------	---------

4. FEI Number 59-2166388	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BENTZ, PHILIP D
 1717 N.E. ST., STE 203
 PENSACOLA FL 32501

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES H. NALLEY, M.D. 1717 N "E" ST STE 203 PENSACOLA FL 32501-6336 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENTZ, PHILIP D 1717 N "E" ST STE 203 PENSACOLA, FL 00000 32501-6336 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STARKE, MONICA E DR 1717 N "E" STREET, STE 203 PENSACOLA FL 32501-6336 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHMORE, B. WAYNE, M.D. 1717 N "E" ST STE 203 PENSACOLA FL 32501-6336 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATTON, ROBERT F. 1717 N "E" ST STE203 PENSACOLA FL 32501-6336 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FINLEY, GAVIN W MD 1717 N E ST STE 203 PENSACOLA FL 32501-6336 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JAMES H. NALLEY, M.D. 1717 N. "E" ST STE 203 PENSACOLA FL 32501-6336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEVEN M. ROLFES, MD 1717 N. "E" ST STE 203 PENSACOLA FL 32501-6336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE - President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RICHARD KLEMENTAVICIUS, M.D. 1717 N. "E" ST STE 203 PENSACOLA FL 32501-6336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ASHMORE, M.D., B. WAYNE 1717 N. "E" ST STE 203 PENSACOLA, FL 32501-6336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert F. Patton, M.D. 1717 N. "E" ST STE 203 PENSACOLA FL 32501-6336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President <input type="checkbox"/> Change <input type="checkbox"/> Addition RICK D. SMITH, M.D. 1717 N. "E" ST STE 203 PENSACOLA FL 32501-6336

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: Robert F. Patton, M.D. **Robert F. Patton, M.D.** **2/5/02** **(850) 438-1848**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment
Doc # 53816
740010

Shao, Gincauskas, Bentz, & Nalley, M.D.'s, P. A.

Anesthesiology
1717 N. "E" Street, Suite 203
Pensacola, Florida 32501-6336
(850) 438-1848

February 4, 2002

2002 Uniform Business Report

Addition to #12:

Addition

Vice President
Brett Sullivan, M.D.
1717 N. "E" ST, Ste 203
Pensacola, Florida 32501-6336