

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H68311** (0)

1. Corporation Name
MEDICAL PROFESSIONAL AGENCY, INC.

Principal Place of Business C/O SHARON WAKEMAN 1717 NORTH "E" ST., SUITE 320 PENSACOLA FL 32501-6335	Mailing Address C/O SHARON WAKEMAN 1717 NORTH "E" ST., SUITE 320 PENSACOLA FL 32501-6335
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/26/1985	3a. Date of Last Report 04/05/1994
4. FEI Number 59-2555835	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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

**VAN SLYKE, ROBERT E.
88 HIGHPOINT DRIVE
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when restoring)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PORTER, JOHN
STREET ADDRESS	1055 FLEMING
CITY-ST-ZIP	PENSACOLA FL
TITLE	S
NAME	WAKEMAN, SHARON
STREET ADDRESS	315 W. GADSDEN ST.
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	GOWING, ROBERT, E
STREET ADDRESS	2730 BELLE CHRISTIANE CR
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	REMKE, ADRIAN, P
STREET ADDRESS	4133 MADURA RD
CITY-ST-ZIP	GULF BREEZE FL
TITLE	CD
NAME	VAN SLYKE, ROBERT, E
STREET ADDRESS	88 HIGHPOINT DRIVE
CITY-ST-ZIP	GULF BREEZE FL
TITLE	D
NAME	MEEKS, MICHAEL
STREET ADDRESS	4104 BRITTANY CT.
CITY-ST-ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 attachment with an address.

SIGNATURE: *Sharon Wakeman* Secretary **3-8-95** (904) 468-2536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR