

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Suzanne U. Mathias
Secretary of State
DIVISION OF CORPORATIONS

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**

Mailng Address: **C/O SHARON WAKEMAN 1717 NORTH 'E' ST., SUITE 320 PENSACOLA FL 32501-6335**

2. Principal Place of Business

21. 1717 North E St.
22. Suite 320
23. Pensacola, FL
24. 32501
25. Escambia

2a. Mailing Address

26. 1717 North E St.
27. Suite 320
28. Pensacola, FL
29. 32501
30. Escambia

3. Date Incorporated or Qualified: **07/26/1985**

3a. Date of Last Report: **03/16/1995**

4. FEI Number: **59-2555835**

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

10. Name and Address of New Registered Agent

g. Name and Address of Current Registered Agent

81. Name: **VAN SLYKE, ROBERT E.**

82. Street Address (P.O. Box Number is Not Acceptable): **88 HIGHPOINT DRIVE**

83. **GULF BREEZE FL 32561**

84. City: **Gulf Breeze**

85. Zip Code: **FL 32561**

11. Pursuant to the provisions of Sections 607.0012 and 1107.1500, 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. Thereby, to accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0012, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: PORTER, JOHN	TITLE: D	NAME: Combes, John, M.D.
STREET ADDRESS: 1055 FLEMING	CITY-STATE-ZIP: PENSACOLA FL	STREET ADDRESS: 1610 Tahiti Ct.	CITY-STATE-ZIP: Gulf Breeze, FL 32561
TITLE: S	NAME: WAKEMAN, SHARON	TITLE: S	NAME: WAKEMAN, SHARON
STREET ADDRESS: 315 W. GADSDEN ST.	CITY-STATE-ZIP: PENSACOLA FL	STREET ADDRESS: 315 W. GADSDEN ST.	CITY-STATE-ZIP: PENSACOLA FL
TITLE: D	NAME: GOWING, ROBERT, E	TITLE: D	NAME: GOWING, ROBERT, E
STREET ADDRESS: 2730 BELLE CHRISTIANE CR	CITY-STATE-ZIP: PENSACOLA FL	STREET ADDRESS: 2730 BELLE CHRISTIANE CR	CITY-STATE-ZIP: PENSACOLA FL
TITLE: D	NAME: REMKE, ADRIAN, P	TITLE: D	NAME: REMKE, ADRIAN, P
STREET ADDRESS: 4133 MADURA RD	CITY-STATE-ZIP: GULF BREEZE FL	STREET ADDRESS: 4133 MADURA RD	CITY-STATE-ZIP: GULF BREEZE FL
TITLE: CO	NAME: VAN SLYKE, ROBERT, E	TITLE: CO	NAME: VAN SLYKE, ROBERT, E
STREET ADDRESS: 88 HIGHPOINT DRIVE	CITY-STATE-ZIP: GULF BREEZE FL	STREET ADDRESS: 88 HIGHPOINT DRIVE	CITY-STATE-ZIP: GULF BREEZE FL
TITLE: D	NAME: MEEKS, MICHAEL	TITLE: D	NAME: MEEKS, MICHAEL
STREET ADDRESS: 4104 BRITTANY CT.	CITY-STATE-ZIP: PENSACOLA FL	STREET ADDRESS: 4104 BRITTANY CT.	CITY-STATE-ZIP: PENSACOLA FL

14. I do hereby certify that the information supplied on this form 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 manager 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, changed, or on another form, with an address.

SIGNATURE: *Sharon Wakeman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sharon Wakeman, Secretary

3-8-96 (904) 469-2336

CR2E034 (12/95)