

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

**FILED**  
**Mar 13 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # H68311 (0)**

**MEDICAL PROFESSIONAL AGENCY, INC.**



**Principal Place of Business**  
 1717 NORTH E STREET  
 SUITE 320  
 PENSACOLA FL 32501  
 US

**Mailing Address**  
 1717 NORTH E STREET  
 SUIT E320  
 PENSACOLA FL 32501-6339  
 US

**3. Date incorporated or Qualified** 07/26/1985  
**3a. Date of Last Report** 03/19/1996

**2. Foreign Branches:**

<b>21</b> State, Apt. #, etc.	<b>26</b> Mailing Address	<b>4. FEI Number</b> 59-2555835	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>22</b> City & State	<b>27</b> State, Apt. #, etc.	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>28</b> City & State	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>29</b> Zip	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>25</b> Country	<b>30</b> Country		

**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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 to the principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Each filer who, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE:** \_\_\_\_\_ (NAME) \_\_\_\_\_ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	D PORTER, JOHN 1055 FLEMING PENSACOLA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	<del>S WAKEMAN, SHARON 915 W. GARDEN ST. PENSACOLA FL</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D GOWING, ROBERT, E 2730 BELLE CHRISTIANE CR PENSACOLA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D REMKE, ADRIAN, P 4133 MADURA RD GULF BREEZE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	CD VAN SLYKE, ROBERT, E 88 HIGHPOINT DRIVE GULF BREEZE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D MEEKS, MICHAEL 4104 BRITTANY CT. PENSACOLA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**14. I do 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 contained in 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 a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Article 12 of the corporation's charter or articles of amendment with an address.**

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)