FILED Apr 04 2000 8:00

Apr 04, 2000 8:00 am Secretary of State

04-04-2000 90018 030 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H68311**

1. Entity Name	OFESSIONAL AGEN					
Principal Place of Br	usiness	Mailing Address 1717 NORTH E STREET SUITE 320 PENSACOLA FL 32501-6377 US				
1717 NORTH E STREE SUITE 320 PENSACOLA FL 32501 US						
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4.	FEI Number 59-2555835		Applied For Not Applicable			
Zip		Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 / Fee Requ			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
				Name	Name					
PORTER, JOHN T					Street Address (P.O. Box Number is Not Acceptable)					
1717 NORTH E STREET			Stree							
SUITE 320							·			
PENSACOLA FL 32501										
PENSACOLA FL 32501			City	City FI			L Zip Code			
8. The above	named entity	submits this statement for th	e purpose of changing its r	egistered office	or registered ag	ent, or both, in the State of Florida.				
SIGNATURE.	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE-	Registered Agent sig	nature required when n	einstating) DA	rE			
			CH C NOW!		200					
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.		,	FILE NOW!!! FEE IS \$150.00		10. Election Campaign Financing		.00 May Be			
-	ria on back)	ind elects to do so.	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		•	Trust Fund Contribution.	∐ Ade	ded to Fees		
				12.		DDITIONS/CHANGES TO OFFICERS A	NID DIDECTO	3DS IN 11		
11.	P	OFFICERS AND DIF		+	T-	DBITIONS/CHANGES TO OTTICERS A	[X] Chang			
TITLE	'	IOHN	Delete	TITLE NAME	VPD	artor.	I⊈1 Orland	e [_] Addition		
NAME STREET ADDRESS	PORTER, JOHN ADDRESS 1055 FLEMING		STREET ADDRES	John Porter						
CITY-ST-ZIP	PENSACO			CITY-ST-ZIP	1717 N	. "E" St., Ste. 320		Ì		
	D	LA I L			Pensaco	ola, FL 35201	<u>[▼</u>] Chang	e Addition		
TITLE	-	FIELD, ALFRED G	☐ Delete	TITLE NAME			IX1 Chang	E LLI AUGINION		
NAME STREET ADDRESS		EMIA PLACE		STREET ADDRES	。 。	W-1: 000		ĺ		
CITY-ST-ZIP	l	LA FL 32504		CITY-ST-ZIP	TITY IN	. "E" St., Ste. 320				
	CD	LA FL 32304			Pensaco	ola, FL 32501	— □ Chase	Addition		
TITLE		E, ROBERT, E	☐ Delete	TITLE			🔀 Chang	je 🗌 Addition		
NAME		OINT DRIVE		NAME STREET ADDRES	c 1717 N	. ''E'' St., Ste. 320				
STREET ADDRESS CITY-ST-ZIP	GULF BRE			CITY-ST-ZIP				ĺ		
	GULF DRE	EZE FL			STD	ola, FL 32501	Chang	e 🔯 Addition		
TITLE			Delete	TITLE		13	☐ (many	io iomona (24 s		
NAME:				NAME \$TREET ADDRES	Joe Fel					
STREET ADDRESS				CITY-ST-ZIP	° 1/1/ N.	. "E" ST., Ste. 320				
CITY-ST-ZIP			<u> </u>			ola, FL 32501	Chang	e 🛛 Addition		
TITLE			☐ Delete	TITLE NAME	PD			e Madinoi		
		STREET ADDRES		ncaid, M.D.]				
			CITY-ST-ZIP	1/1/ 1/	. "E" St., Ste.320					
CITY-ST-ZIP					I	ola, FL 32501	F 1 AL	- V Addite		
TITLE			Delete	TITLE	D	- -	[] Chang	e K Addition		
NAME OTREET LEGGERS				NAME		n Viglione, M.D.				
STREET ADDRESS				STREET ADDRES	T \ T \ M	. "E" St., Ste. 320		Ì		
CITY-ST-ZIP	1			CITY-ST-ZIP	Pensaco	ola FT. 32501				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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Additional directors for Medical Professional Agency, Inc.:

Richard Stachler, M.D. 1717 N. "E" St., Ste. 320 Pensacola, FL 32501

Lornetta Epps, M.D. 1717 N. "E" St., Ste. 320 Pensacola, FL 32501