

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90018 030 \*\*\*150.00

**DOCUMENT # H68311**

1. Entity Name  
**MEDICAL PROFESSIONAL AGENCY, INC.**

Principal Place of Business 1717 NORTH E STREET SUITE 320 PENSACOLA FL 32501 US	Mailing Address 1717 NORTH E STREET SUITE 320 PENSACOLA FL 32501-6377 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2555835</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>PORTER, JOHN T</b> <b>1717 NORTH E STREET</b> <b>SUITE 320</b> <b>PENSACOLA FL 32501</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PORTER, JOHN</b> <b>1055 FLEMING</b> <b>PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>John Porter</b> <b>1717 N. "E" St., Ste. 320</b> <b>Pensacola, FL 35201</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STUBBLEFIELD, ALFRED G</b> <b>4691 BOHEMIA PLACE</b> <b>PENSACOLA FL 32504</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>John Porter</b> <b>1717 N. "E" St., Ste. 320</b> <b>Pensacola, FL 32501</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>VAN SLYKE, ROBERT, E</b> <b>88 HIGHPOINT DRIVE</b> <b>GULF BREEZE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>John Porter</b> <b>1717 N. "E" St., Ste. 320</b> <b>Pensacola, FL 32501</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>Joe Felkner</b> <b>1717 N. "E" ST., Ste. 320</b> <b>Pensacola, FL 32501</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Bob Kincaid, M.D.</b> <b>1717 N. "E" St., Ste.320</b> <b>Pensacola, FL 32501</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Deborah Viglione, M.D.</b> <b>1717 N. "E" St., Ste. 320</b> <b>Pensacola, FL 32501</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: JOHN T. PORTER **JOHN T. PORTER** *V.P.* 3-30-00 (850)434-4985  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

68311

Attachment  
00051571

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