

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90078 037 ***150.00

0031734

DOCUMENT # H68311

1. Entity Name

MEDICAL PROFESSIONAL AGENCY, INC.

Principal Place of Business

Mailing Address

**1717 NORTH E STREET
 SUITE 320
 PENSACOLA FL 32501
 US**

**1717 NORTH E STREET
 SUITE 320
 PENSACOLA FL 32501
 US**

1 0 0 0 0 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**1717 N. "E" St.
 Ste 320 Attn. J. Kehoe
 Pensacola, FL**

4. FEI Number

59-2555835

Applied For

Not Applicable

Zip

Country

Zip

Country

32501

US

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTER, JOHN T
 1717 NORTH E STREET
 SUITE 320
 PENSACOLA FL 32501**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(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)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VPD	PORTER, JOHN	1717 N. E ST STE 320	PENSACOLA FL 35021	<input type="checkbox"/>
D	STUBBLEFIELD, ALFRED G	1717 N. E ST STE 320	PENSACOLA FL 32501	<input type="checkbox"/>
CD	VAN SLYKE, ROBERT, E	1717 N E ST STE 320	PENSACOLA FL 32501	<input type="checkbox"/>
STD	FELKNER, JOE	1717 N. E ST STE 320	PENSACOLA FL 32501	<input type="checkbox"/>
PD	KINCAID, BOB MD	1717 N. E ST STE 320	PENSACOLA FL 32501	<input type="checkbox"/>
D	VIGLIONE, DEBORAH MD	1717 N. E ST. STE 320	PENSACOLA FL 32501	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Ruth Mills, M.D.	4223 Orange Beach Blvd.	Orange Beach, AL 36561	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Lornetta Epps, M.D.	2950 N. 12th Ave.	Pensacola, FL 32503	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Richard Stachler	29 Via DeLuna	Pensacola Beach, FL 32561	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Joseph Felkner

Joseph Felkner, Sec./Treas. 3/21/01 850/469-7643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)