2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State

PRINCACOLA, FL 32522-4887 PENSACOLA, FL AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State PENSACOLA, FLORIDA 32504 PRESIDENT/CEO PENSACOLA, FLORIDA 32501 PE
Solit N. 12TH AVENUE Suite, Apt. #, etc. City & State PENSACOLA, FLORIDA PENSACOLA, FLORIDA Expansed Address of Current Registered Agent Country Zip 32504 Country Zip 32504 Country Zip 32504 Size Additional Fee Required KNEE, DALE 2001 N PALAFOX ST SE PENSACOLA, FL 32501 Size Address (P.O. Box Number is Not Acceptable) Signature Signature Filling Fee is \$61.25 Due by May 1, 2005 PRESIDENT/CEO Signature, hysic or printed raren of registered agent, and start factorization. PRESIDENT/CEO PRES
Sullie, Apt. #, etc.
PENSACOLA, FLORIDA PENSACOLA, FLORIDA PENSACOLA, FLORIDA PENSACOLA, FLORIDA Sp. 32504 Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Re
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. KNEE, DALE 2001 N PALAFOX ST S-E PENSACOLA, FL 32501 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. I am familiar with, and accept the obligations of registered agent. Signature PRESIDENT/CEO PRESIDENT/CEO PRESIDENT/CEO PRESIDENT/CEO PRESIDENT/CEO PRESIDENT/CEO PRESIDENT/CEO Signature, hyead or privated rame of imputational agent and talls if applicable. (NOTE: Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the state of Florida Department of State 10. OFFICERS AND DIRECTORS IN 10 N
Name KNEE, DALE
KNEE, DALE 2001 N PALAFOX ST S-E PENSACOLA, FL 32501 Street Address (P.O. Box Number is Not Acceptable) 5041 N. 12TH AVENUE City PENSACOLA, FL Zip Code 32504 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILING Fee is \$61.25 Due by May 1, 2005 PRESIDENT/CEO PRE
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The obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filling Fee is \$61.25 Due by May 1, 2005 Due by May 1, 2005 Push by May 2, 2005 Push by Ma
Signature, bysed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE SD NAME OXENHAM, RANDY NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 TILE CD NAME SNYDER, ROBERT E STREET ADDRESS STREET
TITLE SD OXENHAM, RANDY NAME OXENHAM, RANDY STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 TITLE CD NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FLORIDA 32504 TITLE VD NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FLORIDA 32504 TITLE VD NAME OXENHAM, RANDY C STREET ADDRESS CITY-ST-ZIP PENSACOLA, FLORIDA 32501 TITLE VD NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA, FLORIDA 32501 TITLE VD NAME NAME CAVANAUGH, DR. JOHN
NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 TITLE NAME SNYDER, ROBERT E STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 TITLE NAME SNYDER, ROBERT E STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 TITLE NAME SNYDER, ROBERT E STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 TITLE VD OXENHAM. RANDY C STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 TITLE VD OXENHAM. RANDY C STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 TITLE VD NAME NAME NILLS, DR. ROBERT J NAME CAVANAUGH. DR. JOHN
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NAME SNYDER, ROBERT E STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 TITLE VD NAME MILLS, DR. ROBERT J NAME SNYDER, ROBERT E STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 TITLE TD NAME CAVANAUGH, DR. JOHN
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CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-ZIP PENSACOLA, FLORIDA 32501 TITLE VD Delete TD CAVANAUGH, DR. JOHN MILLS, DR. ROBERT J HAME CAVANAUGH, DR. JOHN
TITLE VD NAME WILLS, DR. ROBERT J TO CAVANAUGH. DR. JOHN Addition
NAME MILLS, DR. ROBERT J NAME CAVANAUGH, DR. JOHN
STREET ADDRESS 500 N PALAFOX STREET STREET ADDRESS 11000 UNIVERSITY PARKWAY
CITY-ST-ZIP PENSACOLA, FL 32501 CITY-ST-ZIP PENSACOLA, FLORIDA 32514
TITLE D NAME VICKERY, JAMES F NAME MCOUEEN, REBECCA H
NAME VICKERY, JAMES F SITEET ADDRESS 2958 CORAL STRIP PARKWAY STREET ADDRESS 8383 N. DAVIS HIGHWAY
CITY-SI-ZIP GULF BREEZE, FL 32561 CITY-SI-ZIP PENSACOLA, FLORIDA 32514
TITLE P NO Delete TITLE CD Change Addition
NAME KNEE, DALE O . NAME MILLS, DR. ROBERT J
STREET ADDRESS 2001 N PALAFOX STREET STREET ADDRESS 4491 WHISPER DRIVE CITY-ST-ZIP PENSACOLA, FL 32501 CITY-ST-ZIP PENSACOLA, FLORIDA 32504
TITLE TD Delete TITLE D Change Addition
Till Sell Delete
NAME THAMES, BABARA H NAME SYNDER, ROBERT E

2. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: De O.	Russ	PRESIDENT/CEO	((2	28/	0.5	(850) 433-2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				ï	Dale	Daytime Phone #