

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-22-96

3-0039

DOCUMENT # 492272

(0)

1. Corporation Name

THE DOCTORS DIRECTORY, INC.



Principal Place of Business

Mailing Address

121 WEST BELMONT STREET
P. O. BOX 12061
PENSACOLA FL 32590

121 WEST BELMONT STREET
P. O. BOX 12061
PENSACOLA FL 32590

3. Date Incorporated or Qualified

12/09/1975

3a. Date of Last Report

01/17/1995

4. FEI Number

59-2359742

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIS, PAUL R.
121 WEST BELMONT STREET
3040 KEATS DRIVE
PENSACOLA FL 32501

81 Name

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

83

84 City

FL

85 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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when not at meeting)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
P
MORRIS, PAUL R.
STREET ADDRESS
3040 KEATS DRIVE
CITY - ST - ZIP
PENSACOLA FL

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ST
MORRIS, BEN A.
STREET ADDRESS
3310 LOGAN DRIVE
CITY - ST - ZIP
PENSACOLA FL

12 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
S
HOPKINS, J.B.(ASST.S)
STREET ADDRESS
314 SOUTH BAYLEN
CITY - ST - ZIP
PENSACOLA FL

13 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

CR2E034 (12/95)