FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:18

DOCUMENT # **495917** **(7)**

1. Corporation Name
BO H. BAGENHOLM, M.D., P.A.

Principal Place of Business	Mailing Address
4400 BAYOU BLVD. STE 36 PENSACOLA FL 32503	4400 BAYOU BLVD. STE 36 PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1976	3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1644414	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. Does corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☐ No	

21 / 22 / 23 / 24 / 25 — 2. Principal Place of Business: Street, Apt. #, etc.; City & State; Zip; Country

26 / 27 / 28 / 29 / 30 — 2a. Mailing Address: Street, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

BAGENHOLM, DEBHRA
4400 BAYOU BLVD, STE 36
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City: FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Debhra Bagenholm Asst. Sec. / Treas. 2/2/95
(Typed or Printed Name of Person Signing) (Title) (Registered Agent's signature required if agent changed) (Date)

12. OFFICERS AND DIRECTORS

41 TITLE	ST
42 NAME	BAGENHOLM, DEBHRA J
43 STREET ADDRESS	4 HYDE PARK ROAD
44 CITY-ST-ZIP	PENSACOLA, FL 32503
51 TITLE	PD
52 NAME	BAGENHOLM, BO H, MD
53 STREET ADDRESS	4 HYDE PARK ROAD
54 CITY-ST-ZIP	PENSACOLA, FL 32503
61 TITLE	VD
62 NAME	ALTENHOFEN, DEAN E., M.D
63 STREET ADDRESS	4455 D'EVEREUAX PLACE
64 CITY-ST-ZIP	PENSACOLA FL
71 TITLE	
72 NAME	
73 STREET ADDRESS	
74 CITY-ST-ZIP	
81 TITLE	
82 NAME	
83 STREET ADDRESS	
84 CITY-ST-ZIP	
91 TITLE	
92 NAME	
93 STREET ADDRESS	
94 CITY-ST-ZIP	
101 TITLE	
102 NAME	
103 STREET ADDRESS	
104 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111 TITLE	☐ Change ☐ Addition
112 NAME	
113 STREET ADDRESS	
114 CITY-ST-ZIP	
121 TITLE	☐ Change ☐ Addition
122 NAME	
123 STREET ADDRESS	
124 CITY-ST-ZIP	
131 TITLE	☐ Change ☐ Addition
132 NAME	
133 STREET ADDRESS	
134 CITY-ST-ZIP	
141 TITLE	☐ Change ☐ Addition
142 NAME	
143 STREET ADDRESS	
144 CITY-ST-ZIP	
151 TITLE	☐ Change ☐ Addition
152 NAME	
153 STREET ADDRESS	
154 CITY-ST-ZIP	
161 TITLE	☐ Change ☐ Addition
162 NAME	
163 STREET ADDRESS	
164 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 above, or on an attachment with an address.

SIGNATURE: Debhra Bagenholm DEBHRA BAGENHOLM 2/2/95 (904) 478-7144
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Date) (Daytime Phone Number)

0300762 CP