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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 521805 1. Corporation Name HORACE LINDSAY SIMPSON, JR., M.D., P.A.			
Principal Place of Business 1717 NORTH "E" ST. SUITE 305 PENSACOLA FL 32501		Mailing Address 1717 NORTH "E" ST. SUITE 305 PENSACOLA FL 32501	
2. Principal Place of Business 21 21 Suite, Apt. #, etc. 22 22 City & State 23 23 Zip Country 24 24 25 25		2a. Mailing Address 26 26 Suite, Apt. #, etc. 27 27 City & State 28 28 Zip Country 29 29 30 30	
9. Name and Address of Current Registered Agent SIMPSON, HORACE L. JR. 1717 NORTH "E" ST., S-305 PENSACOLA FL 32501		10. Name and Address of New Registered Agent 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 <i>Horace Lindsay Simpson Jr. M.D., P.A.</i> DATE <i>July 5, 1999</i> <small>(NOTE: Registered Agent signature required when reappointing)</small>			
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME SIMPSON, HORACE L. JR. STREET ADDRESS 2021 BANQUOS TRAIL CITY-ST-ZIP PENSACOLA FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Horace Lindsay Simpson Jr. M.D., P.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)