

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 551357

1. Entity Name
SAMUEL L. COMBS, III, M.D., P.A.



FILED
Apr 27, 2004 08:00 AM
Secretary of State

Principal Place of Business
456 SUDDUTH AVE.
PANAMA CITY, FL 32401 US

Mailing Address
456 SUDDUTH AVE
PANAMA CITY, FL 32401-3958



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1775667 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COMBS, SAMUEL LESLIE III
456 SUDDUTH AVENUE
PANAMA CITY, FL 32401

DO NOT WRITE
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000133806
04/27/04-80102-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAMUEL L. COMBS III
STREET ADDRESS	456 SUDDUTH AVENUE
CITY- ST- ZIP	PANAMA CITY FL,
TITLE	S
NAME	LAURIE F. COMBS
STREET ADDRESS	456 SUDDUTH AVE
CITY- ST- ZIP	PANAMA CITY FL,
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE
IN THIS SPACE

12. 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 607, 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: *Samuel L. Combs III* Samuel L. Combs III 2/23/04 850-785-602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #