

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 571839 (0)
1. Corporation Name
MCCORMICK, DUNN & HEALEY, M.D., P.A., UROLOGY



Principal Place of Business Mailing Address
80 DOCTORS DR 80 DOCTORS DR
PANAMA CITY FL 32405 PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/11/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1822901	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

MCCORMICK, BYRON H.
80 DOCTORS DR
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name Neal P. Dunn M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
83 80 Doctors Drive
84 City Panama City FL 85 Zip Code 32405

11. Pursuant to the provisions of Sections 607.0512 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 reinstating)

DATE

11/2/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	☐ Change	☐ Addition	
NAME	MCCORMICK, BYRON H., M.D.			1.2 NAME			
STREET ADDRESS	80 DOCTORS DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			1.4 CITY-ST-ZIP			
TITLE	VPD	☐ DELETE		2.1 TITLE	☐ Change	☐ Addition	
NAME	DUNN, NEAL P			2.2 NAME			
STREET ADDRESS	80 DOCTORS DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			2.4 CITY-ST-ZIP			
TITLE	STD	☐ DELETE		3.1 TITLE	☐ Change	☐ Addition	
NAME	HEALEY, DENIS E.			3.2 NAME			
STREET ADDRESS	80 DOCTORS DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change	☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change	☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change	☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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. I am an attachment with an address.

SIGNATURE: X

11/2/98 (850) 85-8557

CR2E034 (10/97)