


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 605133 1. Entity Name W.C. PAYNE, JR., M.D., P.A.	
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Principal Place of Business 125 W. ROMANA ST. #800 1ST FL P.O. BOX 13010 PENSACOLA, FL 32591-3010	Mailing Address 125 W. ROMANA ST. #800 1ST FL P.O. BOX 13010 PENSACOLA, FL 32591-3010
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DO NOT WRITE IN THIS SPACE

02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1540892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HART, ROBERT D., JR. 125 W. ROMANA STREET SUITE 800 FIRST FLORIDA BANK BLDG. PENSACOLA, FL 32501	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAYNE, W. C., JR. P O BOX 455 MEXIA, AL 36458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/05/04-80013-010 150.00

**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)(f), Florida Statutes. I further certify that the information indicated on this report or supplement if 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: W.C. Payne, Jr., M.D., P.A. - 4-1-04 251-575-5159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #