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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 657723 (3)

1. Corporation Name
RICHARD S. SLEVINSKI, M.D., P.A.



Principal Place of Business Mailing Address

1000 W. MORENO ST. 4300 Whiteleaf Circle **4300 WHITELEAF CIRCLE**
LIFEFLIGHT/ETC DEPT- Pensacola, Fl **LIFEFLIGHT/ETC DEPT**
PENSACOLA FL 32501 **PENSACOLA F 32504-4958**
US **US**

2. Principal Place of Business 2a. Mailing Address

21 **4300 Whiteleaf Circle** 26 **4300 Whiteleaf Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 **Pensacola, FL** 28 **Pensacola, FL**
 Zip Country Zip Country

24 **32504** 25 **US** 29 **32504** 30 **US**

3. Date Incorporated or Qualified **03/01/1980** 3a. Date of Last Report **07/08/1996**

4. FEI Number **59-1988591** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SLEVINSKI, RICHARD S., M.D.
4300 WHITELEAF CIRCLE
PENSACOLA FL 32504

B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 Zip Code

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **DPS SLEVINSKI, RICHARD S.**
 STREET ADDRESS **4300 WHITELEAF CIRCLE**
 CITY- ST- ZIP **PENSACOLA FL**

TITLE DELETE
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TITLE DELETE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY- ST- ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY- ST- ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY- ST- ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY- ST- ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY- ST- ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE: **x Richard S. Slevinski** **4/29/97** **x 904-433-4611**

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

CR2E034 (9/96)