FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **680935** **(4)**

1. Corporation Name

JOHN P. ADAMS, M.D., AND WARREN T. HITT, M.D., P .A.

Principal Place of Business

200 DOCTORS DRIVE
PANAMA CITY FL 32405

Mailing Address

200 DOCTORS DRIVE
PANAMA CITY FL 32405

3. Date Incorporated or Qualified: **08/01/1980**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **59-2018114** [ ] 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 24 Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

ADAMS, JOHN P., M.D.
200 DOCTORS DRIVE
PANAMA CITY FL 32405

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

12. OFFICERS AND DIRECTORS

TITLE **PSD**
NAME **ADAMS, JOHN P., M.D.**
STREET ADDRESS **200 DOCTORS DRIVE**
CITY ST ZIP **PANAMA CITY FL**
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
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CITY ST ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
[ ] Change [ ] Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
[ ] Change [ ] Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
[ ] Change [ ] Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
[ ] Change [ ] Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
[ ] Change [ ] Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet with an address.

SIGNATURE: P.D. 4/4/96 904 769 1694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Phone

CR2E034 (12/95)