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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

680935

(4)

JOHN P. ADAMS, M.D., P.A.

FILED Mar 21 1997 8:00am Secretary of State

Principal Pla 200 DOCTOR PANAMA CIT		Mailing Address 200 DOCTORS DRIVE PANAMA CITY FL 32405-4559			<u>. </u>			
						3. Date Incorporated or Qualified	3a. Date of L	•
2. Principal	Place of Buriness	2a. Mailing Ad	ioress	~ ~		08/01/1980 4. FEI Number	04/08/19	Applied For
21		26				59-2018114		Not Applicable
Suite, Apt	t #, Ob.	Suite, Apt	. #, etc.			5. Certificate of Status Desired	1 1 7 7	.75 Additional ee Required
City & St.	al-e	City & Sta	le			Election Campaign Financing Trust Fund Contribution		.00 May Be
[23] Z(t)	Country	28 Zip		Count	ry			
24 25		29	30		,	8. This corporation has liability for intangible tax under s 199 032, Florida Statutes ☐ Yes ☐ No		
.=.*1	9. Name and Address of Curr	محتديد والمراجع والأراجية المراج		1		10. Name and Address of New Re	gistered Agent	
ADAMS, JOHN P 200 DOCTORS DRIVE PANAMA CITY FL 32405				81 Name 82 Street Addr		ddress (P.O. Box Number is Not Accepta	ble)	
				8	_		FL 85	Zip Code
of are or	It to the provisions of Sections 607 0 registered agent, or both, in the Sta am famil ar with, and accept the obli	te of Florida, Such ch	iange was a	authorized	by the corpo	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of chance	jing its registered int as registered
SIGNATUR			·					
	 List the Equation Codes of Registreds 		004)	Er Registered A	gent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE COOK	OTODO IN 10
12. 10. F	PSD OF HOLIES A	ND DIBLCTORS	DELETE	13. 11700		ADDITIONS/CHANGES TO OFFI		nange Addition
NAME.	ADAMS, JOHN P	Lind	CALCAL.	1.2 NAM				wige
S REFLADORUS					ET ADDRESS			
OHY ST AP	PANAMA CITY FL 32405			1.4 C(1Y	-			
MI.E	TAILAIN OIL TE OPTO		DELETE	2.1 TITLE			☐ Ch	iange 🔲 Addition
NAME	· ·			2.2 NAM				•
S. RELLADORUSE	:			2.3 STRE	ET ADDRESS			
CON 21 70				2.4 ()11)	-S1-ZIP			
700.5			DELETE	3.1 TITLE			☐ Ch	iange 🔲 Addition
NAM)	<u> </u>			3.2 NAM	F			
SURGET ADDRESS.	.			3.3 S1RE	ET ADDRESS			
Qdy-St-ZIP				3.4 CII)	-ST-ZIP			
*110.5	1		DELETE	4.1 1ITLI			☐ Ch	ange 🔲 Addition

64 CITY-ST-ZIP

14. The hereby creatly that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes I further certify that the information supplied with the

4. 2 NAME 4.3 STREET ADDRESS

5 1 THUE

5.2 NAME

61 TIFLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

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NAME

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NAME

STREET ADJUG ST CHY ST WE

STREET ADDRESS

SIECHALDRICS

GF7 5 7P

ON DIESTAN P. Q. DAMS, M.D. 3/14/97 (904)769-1694

Change

Addition

Change Addition