FILE	NOW:	FILING	FEE	AFTER	MAY	1ST	is	\$550	በበ
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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

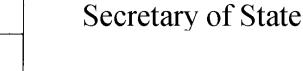
Sandra B. Mortham

1603

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

101



Apr 28 1998 8:00am

1. Corporation	ER AND SHUMATE, M.D.'S	` '				NAN ANN ANN ANN ANN AN		
Principal Plac	ce of Business	Mailing Address				HON ONDI OTON BION BIEN NODE		
% MICHAEL		% MICHAEL L WALKER						
2011 N.HAR	RISON AVE.	2011 N.HARRISON AVE.	N.HARRISON AVE.					
PANAMA CI	TY FL 32405	PANAMA CITY FL 32405			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
2 Principal F	Place of Business	2a. Mailing Address			07/31/1981 4. FEI Number			
21	ideo or business	26			59-2116079	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required		
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Žιρ	Country	Zip	Count	ry	8. This corporation owes or has paid the o	_ · _ ·		
24	9. Name and Address of Curre		30		Personal Property Tax due June 30.	∐ Yes ∐ No		
	ALKER, MICHAEL L	III negleteleo Agent	a s	1 Name	10. Name and Address of New Registere	3 Agent		
	DII N HARRISON AVE		L					
1 -	ANAMA CITY FL 32405		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)			
	THE OF TH		8	3				
			_			1 1		
1			8	4 City	F	L 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the abo	ve-named co				
agent. I a	registered agent, or bottl, in the state am familiar with, and accept the oblig	ations of, Section 607.0505, Flo	iutnorizea i irida Statut	by the corpora es.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap-	opointment as registered		
SIGNATURE								
12.	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE ID DIRECTORS		gent signature req	ulred when reinstating) DATE	In Dinggroup in the		
TITLE	PT OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition		
NAME	WALKER, MICHAEL L, MD	<u></u>	1.2 NAMI	i		CT cumillo CT vecturon		
STREET ADDRESS	2011 N. HARRISON AVE			ET ADDRESS				
City-St-ZiP	PANAMA CITY, FL 32401		1.4 CITY					
TITLE	VS	☐ DELETE	2.1 TITLE			Change Addition		
NAME	SHUMATE, JACK B. M.D.		2.2 NAME	:				
STREET ADDRESS	2011 N. HARRISON AVE.		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	PANAMA CITY, FL 32401		2. 4 CITY	-ST-ZIP				
TOTLE		☐ DELETE	3.1 TITLE	-	· 	☐ Change ☐ Addition		
NAME			3.2 NAME	i				
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP		DELETE	3.4. CITY			- I delice		
TITLE NAME		L.J DELETE	4.1 TITLE	I .		Change Addition		
STREET ADDRESS			4. 2 NAM					
CITY-ST-ZIP			1	ET ADDRESS				
TITLE		☐ DELETE	4.4 CITY - 5.1 TITLE			Change Addition		
NAME			5.2 NAME					
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP			5.4 CITY-					
TITLE		☐ DELETE	61 TITLE			Change Addition		
NAME			6.2 NAME	:				
STREET ADDRESS			6.3 STREE	ET ADDRESS				
I				1				

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, or on an attactment with an address.

SIGNATURE: