

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 697306**

**1. Entity Name**  
**JOSEPH P. GRACE, M.D., P.A.**



**Principal Place of Business**  
**410 WEST 19TH STREET**  
**PANAMA CITY, FL 32405-4602**

**Mailing Address**  
**410 WEST 19TH STREET**  
**PANAMA CITY, FL 32405-4602**

**DO NOT WRITE IN THIS SPACE**



07072005 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**59-2110122**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GRACE, JOSEPH P., M.D.**  
**410 WEST 19TH STREET**  
**PANAMA CITY, FL 32401**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>GRACE, JOSEPH P.</b>
<b>STREET ADDRESS</b>	<b>410 W. 19TH ST</b>
<b>CITY-ST-ZIP</b>	<b>PANAMA CITY, FL</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>GRACE, CHARLOTTE</b>
<b>STREET ADDRESS</b>	<b>410 W 19TH ST</b>
<b>CITY-ST-ZIP</b>	<b>PANAMA CITY, FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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07/11/05-80020-012 550.00

**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 supplemental 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 its 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 I am empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone**

**CHARLOTTE W. GRACE**

**7-7-05 (850) 769-3574**