

768624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

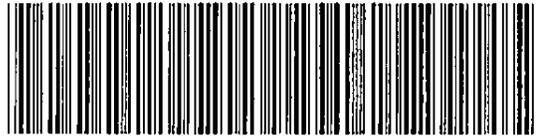
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000427531860

768624^{5/31}
RR

LAW OFFICES
OF
MERRITT, JOHNSON, RATCHFORD & SEARCY
LAWYERS BUILDING, 311 S. BAYLEN ST.
PENSACOLA, FLORIDA

RICHARD H. MERRITT
THOMAS E. JOHNSON
F. T. RATCHFORD, JR.
JON W. SEARCY

TELEPHONE
19041 432-7661
MAILING ADDRESS
P.O. BOX 865
PENSACOLA, FL 32595

May 20, 1983

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, Florida 32301

005 4488 5/23/83 30.00
005 4488 5/23/83 3.00
005 4488 5/23/83 3.00
005 4488 5/23/83 30.00

Re: Northwest Florida Comprehensive Services
For Children, Inc., a non-profit corpor-
ation

To Whom It May Concern:

Please find enclosed original and one copy of
the Articles of Incorporation relative to the above. Also
enclosed is my check in amount of \$38.00, representing the
necessary filing fee. Upon filing the enclosed Articles of
Incorporation, please furnish me with a certified copy of
same.

If there are any problems or questions, please
feel free to contact me.

Very truly yours,

Jon W. Searcy/mkh
JON W. SEARCY

5-24-83
TJM
JWS/mkh
Enclosures:
SD

AMP MAY 27 1983
JWS
TJM
LT 5/31

FILED
MAY 25 11 00 AM '83
RECEIVED
FALLS CHURCH, VIRGINIA

768624

FILED

MAY 25 11 00 AM '83
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
NORTHWEST FLORIDA COMPREHENSIVE
SERVICES FOR CHILDREN, INC.
A FLORIDA NONPROFIT CORPORATION

ARTICLE I

NAME

The name of this corporation is NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.

ARTICLE II

STATEMENT OF CORPORATE NATURE

This is a nonprofit corporation organized solely for general charitable purposes pursuant to the Florida Corporations Not for Profit Law set forth in Part I of Chapter 617 of the Florida Statutes.

ARTICLE III

GENERAL AND SPECIFIC PURPOSES

(a) The specific and primary purposes for which this corporation is formed are to operate for the advancement of charity, education and to provide services for abused and neglected children and their families, and for other charitable purposes, by the distribution of its funds for such purposes, and particularly for purchase of all necessary services for the treatment of abused and neglected children and their families.

(b) The general purposes for which the corporation is formed are to operate exclusively for such charitable and educational purposes as will qualify it as an exempt organization under Section 501 (c) (3) of the Internal Revenue Code of 1954 or corresponding provisions of any subsequent federal tax laws, including for such purposes, the making of distributions to organizations which qualify as tax-exempt organizations under the Code.

(c) This corporations shall not, as a substantial part of its activities, carry on propaganda or otherwise attempt to influence legislation; nor shall it participate or intervene (by publication or

distribution of any statements or otherwise in any political campaign on behalf of any candidate for public office.

(d) Notwithstanding any other provision of these Articles, this corporation will not carry on any other activities not permitted to be carried on by (a) a corporation exempt from Federal Income Tax under Sections 501 (c) (3) of the Internal Revenue Code of 1954, or the corresponding provision of any future United States Internal Revenue Law, or (b) a corporation, contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code of 1954, or any other corresponding provision of any future United States Internal Revenue Law.

ARTICLE IV

TERMS

This corporation shall have perpetual existence.

ARTICLE V

MEMBERSHIP

(a) Directors as Membership. The sole class of members of this corporation shall be its directors. The directors may establish special classes of membership of this corporation by a bylaw duly adopted by the members.

(b) Rights and Liabilities of Members. The members of this corporation shall have no right, title, or interest whatsoever in its income, property, or assets, be distributed to any member on the dissolution or winding-up of this corporation. Members of this corporation shall not be personally liable for the debts, liabilities or obligations of the corporation, and shall not be subject to any assessments.

ARTICLE VI

SUBSCRIBERS

The names and addresses of the subscribers of this corporation are as follows:

Noil McWilliams, M.D.
5225 N. Carmel Heights Dr.
Pensacola, Florida 32504

Carol Gentry
1109 Airport Blvd., Suite C
Pensacola, Florida 32504

Jon W. Searcy
314 South Baylen Street
Pensacola, Florida 32501

ARTICLE VII

LOCATION OF PRINCIPAL OFFICE AND IDENTIFICATION

OF REGISTERED AGENT

(a) The county in the State of Florida where the principal office of the transaction of business of this corporation is to be located will be in the County of Escambia.

(b) The name and address of this corporation's registered agent is CAROL GENTZ, at 1108 Airport Blvd., Suite C, Pensacola, Florida, 32504.

ARTICLE VIII

MANAGEMENT OF CORPORATE AFFAIRS

(a) Board of Directors. The powers of this corporation shall be exercised, its properties controlled, and its affairs conducted by, a board of directors. The number of directors of the corporation shall be no more than fifteen(15) and not less than three(3); provided, however, that such number may be changed by a bylaw duly adopted by its members.

The directors named herein as the first board of directors shall hold office until the first annual meeting of members, to be held subsequent to the filing and approval of these Articles of Incorporation with the Florida Department of State, at which time an election of directors shall be held.

Directors elected at the first annual meeting shall serve for terms specified and provided in the bylaws duly adopted by the members. Annual meetings shall be held each year at a time and place or places as the board of directors may designate from time to time by resolution.

Any action required or permitted to be taken by the board of directors under any provision of law may be taken without a meeting, if all members of the board shall individually or collectively consent in writing to such an action. Such written consent or consents shall be filed with the minutes of the proceedings of the board, and any such actions by written consent shall have the same force and effect as if

taken by unanimous vote of the directors. Any certificate or other document filed under any provision of law which relates to action so taken, shall state that the action was taken by unanimous written consent of the board of directors without a meeting, and that the Articles of Incorporation and bylaws of the corporation authorized the directors to so act. Such a statement shall be prima facie evidence of such authority.

The names and addresses of such first members of the board of directors are as follows:

NEIL MCWILLIAMS, M.D.
5225 N. Carmel Heights Drive
Pensacola, Florida 32504

SALLY PUTTERS
1108 Airport Blvd., Suite C
Pensacola, Florida 32504

JON W. SEARCY
314 South Baylen Street
Pensacola, Florida 32501

(b) Corporate Officers. The board of directors shall elect the following officers: president, vice-president, secretary, treasurer, and such other officers as the bylaws of this corporation may authorize the directors to elect from time to time. Initially, such officers shall be elected at the first annual meeting of the board of directors. Until such election is held, the following persons shall serve as corporate officers:

NEIL MCWILLIAMS-President
5225 N. Carmel Heights Drive
Pensacola, Florida 32504

JON W. SEARCY-Vice-President and Treasurer
314 South Baylen Street
Pensacola, Florida 32501

SALLY PUTTERS-Secretary
1108 Airport Blvd., Suite C
Pensacola, Florida 32504

ARTICLE IX

BYLAWS

Subject to the limitations contained in the bylaws, and limitations set forth in the Corporation Not for Profit Law of Florida, concerning corporate action that must be authorized or approved by the members of the corporation, bylaws of this Corporation may be made, altered, rescinded, added to, or new bylaws may be adopted, either by resolution of the Board of Directors or by following the procedures set forth in the bylaws.

ARTICLE X

DEDICATION OF ASSETS

The property of this corporation is irrevocably dedicated to charitable and educational purposes, and providing services to abused and neglected children and their families as more specifically provided in the bylaws, and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer, or member thereof, or to the benefit of any private individual.

ARTICLE XI

DISTRIBUTION OF INCOME

(a) Distribution of Income. The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent Federal Tax Laws.

(b) Self-dealing. The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent Federal Tax Laws.

(c) Excess business holdings. The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or corresponding provision of any subsequent Federal Tax Laws.

(d) Investments jeopardizing charitable purpose. The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent Federal Tax Laws.

(e) Taxable Expenditures. The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent Federal Tax Laws.

ARTICLE XII

DISTRIBUTION OF ASSETS

Upon the dissolution or winding up of this Corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of the Corporation, shall be distributed to a non-profit

fund, foundation, or corporation which is organized and operated exclusively for charitable purposes and which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent Federal Tax Laws.

ARTICLE XIII

AMENDMENT OF ARTICLES

Amendment of these Articles of Incorporation may be proposed by resolution adopted by the Board of Directors and presented to a quorum of the members for their vote. Amendments may be adopted by the vote of 2/3 of a quorum of members of the Corporation.

We, the undersigned, being the incorporators of this corporation, and including all the persons herein named as the members of this corporation, for the purpose of forming this nonprofit charitable corporation under the Laws of Florida have executed these Articles of Incorporation on the 20th day of May, 1983.

Neil McWilliams
NEIL MCWILLIAMS

Jon W. Searcy
JON W. SEARCY

Carol Gentry
CAROL GENTRY

STATE OF FLORIDA
COUNTY OF ESCAMBIA

BEFORE ME, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared Neil McWilliams, Jon W. Searcy, and Carol Gentry, known to be and known by me to be the individuals who executed the foregoing Articles of Incorporation and they acknowledge before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed my official seal, in the State and County aforesaid, this 20th day of May, 1983.

Mary K. Hart
NOTARY PUBLIC
STATE OF FLORIDA AT LARGE:
My Commission Expires: 2/1/87

ACCEPTANCE OF DESIGNATION OF RESIDENT AGENT

The undersigned accepts his designation as Registered Agent of the Florida Not for Profit Corporation, NORTHWEST FLORIDA EXTENSIVE SERVICES FOR CHILDREN, INC.

FILED
Mar 25 11:00 AM '83
TALLAHASSEE, FLORIDA

Carol Gentry
CAROL GENTRY
Registered Agent

STATE OF FLORIDA
COUNTY OF ESCAMBIA

BEFORE ME, a notary public, authorized to take acknowledgements in the State and County set forth above, personally appeared CAROL GENTRY, known to me and known by me to be the person who executed the foregoing as Registered Agent, and he acknowledged before me that he executed the same for the purposes therein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 20th day of May, 1983.

James V. Hart
NOTARY PUBLIC
STATE OF FLORIDA AT LARGE
My Commission Expires: 3/9/87

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR.

CORPORATION
ANNUAL REPORT
1984



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
APPROVED
FILED

JUL 29 45 AM 1984

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient	
766624 NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC. 1108 AIRPORT BLVD. SUITE C PENSACOLA, FL. 32504		Street Address	
if above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.		P.O. Box No.	
		City	
		State Zip Code	

3. Date Incorporated or Qualified to Do Business in Florida: 05/25/1983	4. Federal Employer Identification Number (FEIN): 59-2299573	5. Date of Last Report:
---	--	-------------------------

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1. MCWILLIAMS, NEIL, M.D.	P/O	5225 N CARMEL HGHTS DR.	PENSACOLA, FL.
2. SEARCY, JON W.	V/T/O	314 S. BAYLEN ST.	PENSACOLA, FL.
3. PUTTERS, SALLY	S/O	1108 AIRPORT BLVD. #C	PENSACOLA, FL.

Registered Agent Information	
7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
GENTRY, CAROL 1108 AIRPORT BLVD. SUITE C PENSACOLA, FL. 32504	Name: Sally Putters Street Address (Do NOT Use P.O. Box Number): 1108 Airport Blvd., Suite C. City, State and Zip Code: Pensacola FL 32504

I, Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____

SIGNATURE: Sally L. Putters (Registered Agent Accepting Appointment) DATE: 5/2/84

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation, its Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Signature: <u>Sally L. Putters</u>	Date: 5/2/84
Name of Signing Officer: Sally L. Putters	Title: Secretary
	Telephone Number: 904-476-7681

11. Prepare and make a duplicate of each check the size of the fee and include an additional \$5.00 with your payment.
12. FILING FEE IS \$10.00 PER REPORT.
13. FILING FEE IS REQUIRED FOR EACH REPORT.

COR 620 (1-84)

ANNUAL REPORT
1985



Read Notice and Instructions on Other Side Before Mailing Entries
Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation, Partnership, or Other Entity

768624 5
NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.
1100 AIRPORT BLVD. SUITE C
PENSACOLA, FL. 32504

2. City, State and Zip Code

Pensacola
Florida 32503

3. Date of Incorporation or Organization in Florida

05/25/1983

4. Federal Employer Identification Number

59-2299373

5. Date of Last Period

07/32/1984

6. Name and Street Address of Each Officer and Director as of December 31, 1984

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use P.O. Box Number)	City and State
1. MC WILLIAMS, NEIL, M.D.	P/O	5223 N CARMEL HIGHTS DR.	PENSACOLA, FL.
2. SEARCY, JON W.	V/P	10314 S. BAYLEN ST.	PENSACOLA, FL.
3. PUTTERS, SALLY	S/O S/T/D	1100 AIRPORT BLVD. 8C	PENSACOLA, FL.
4.			
5.			
6.			

Registered Agent Information

Name and Address of Current Registered Agent	Name and Address of New Registered Agent
PUTTERS, SALLY 1100 AIRPORT BLVD STE C PENSACOLA, FL 32504	Name: Street Address (Do NOT Use P.O. Box Number): 3902 N Ninth Ave, Suite 4 City, State and Zip Code: Pensacola, FL 32503

I, the undersigned, do hereby accept the appointment of registered agent for said corporation, partnership, or other entity, and accept the obligations of Section 607.223, F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

I hereby certify that I am an Officer of the Corporation, the President or the duly empowered to Execute This Report as Required by Chapter 607, F.S. and I understand that my Signature on This Report Shall Have the Same Legal Effects as if Made under Oath. (Under signing must be dated in Block B)

Name of Officer

Sally Putters

Title

Secretary/Treasurer

Phone Number

904-434-0850

\$5 additional fee required for a Certificate of Status

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

ORGANIZATION

ANNUAL REPORT
1986



Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1 Enter Change of Address of Corporation Principal Officer. P.O. Box Number Alone is NOT Sufficient

258524 9
NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.
3902 N. NINTH AVE., SUITE 4
PENSACOLA, FL 32503

2 Enter Change of Address of Corporation Principal Officer. P.O. Box Number Alone is NOT Sufficient

3 Street Address 21
P.O. Box No. 22
City and State 23
Zip Code 24

4 Enter Address in any way enter the correct address
Form 3 - include Zip Code

5 Enter Change of Address of Corporation Principal Officer. P.O. Box Number Alone is NOT Sufficient

6 Street Address 21
P.O. Box No. 22
City and State 23
Zip Code 24

7 Date of Report 05/25/1983
8 Fiscal Year 05/25/1983
9 Date of Last Report 05/31/1985
10 Federal Employer Identification Number (FEIN) 59-2299573

11 Enter Name and Address of Each Officer and Director, as of December 31, 1985

12 Name of Officers and Directors	13 Title	14 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	15 City and State
WILLIAMS, NEIL, M.D.	P/D	5225 N CAROL HEIGHTS DR.	PENSACOLA, FL.
SEARCY, JON U.	V/D	314 S. BAYLEN ST.	PENSACOLA, FL.
PUTTERS, SALLY	S/T/D	1188 AIRPORT BLVD. WC	PENSACOLA, FL.
PUTTERS, SALLY	S/T/D	3902 N. NINTH AVE., SUITE 4	PENSACOLA, FL.

REGISTERED AGENT INFORMATION

16 Name and Address of Current Registered Agent
PUTTERS, SALLY
3902 N. NINTH AVE., SUITE 4
PENSACOLA, FL 32503

17 Name and Address of New Registered Agent
Name 17
Street Address (Do NOT Use P.O. Box Number) 18
City and State 19 FL Zip Code 20

21 This corporation is organized under the laws of the State of Florida, subject to the provisions of Chapters 607, 608, and 609, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, subject to the provisions of Chapters 607, 608, and 609, Florida Statutes, is authorized to do business in the State of Florida.

22 Signature of Secretary or Treasurer
Sally Putters
DATE 4/23/86

33.00 additional fee required for Registered Agent changes.

23 This corporation is authorized to do business in the State of Florida, subject to the provisions of Chapters 607, 608, and 609, Florida Statutes.

24 Signature of Secretary or Treasurer
Sally Putters
Date 4/23/86
Secretary/Treasurer 004-424-0850

25 Additional Fee Required for a Certificate of Status

RECORD 186

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION
ANNUAL REPORT
1987



DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1987 APR 20 12:10:46

STATE OF FLORIDA
CORPORATIONS DIVISION
ALBANY, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

768624
NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN OR CHILDREN, INC.
3902 N. NINTH AVE., SUITE 4
PENSACOLA, FL. 32503

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

3 Date Incorporated or Qualified To Do Business in Florida

05/25/1983

4 Federal Employer Identification Number (FEIN)

59-2299573

5 Date of Last Report

06/18/1986

6 Name and Street Addresses of Each Officer and Director, as of December 31, 1986

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
MCWILLIAMS, NEIL, M.D.	P/O	5225 N CARMEL HIGHTS DR.	PENSACOLA, FL.
SEARCY, JON W.	V/O	314 S. BAYLEN ST.	PENSACOLA, FL.
PUTTERS, SALLY	S/T/O	3902 N. 9TH AVE. #4	PENSACOLA, FL.

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

PUTTERS, SALLY
3902 N. NINTH AVE., SUITE 4
PENSACOLA, FL 32503

8 Name and Address of New Registered Agent

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL.

Zip Code 85

I, the undersigned, the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation incorporated under the laws of the State of Florida, for the purpose of changing its registered office or registered agent, or both, in the State of Florida, such change was authorized by resolution duly adopted by its board of directors or

thereby, and of the appointment of registered agent, I am familiar with and accept the obligations of Section 607.325 F.S.

9 Signature

(Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes.

See signature restrictions and instructions on reverse side of this form

I certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I declare under penalty that I understand the Signatures on This Report Shall have the Same Legal Effects as if Made Under Oath. My Signature must be listed in Block 6.

Sally Putters

04-14-87

Sally Putters

Secretary/Treasurer

904-434-0850

\$5 Additional Fee required for each additional change.

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office

768624
NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.
3902 N. NINTH AVS., SUITE 4
PENSACOLA, FL. 32503

3 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

7. Update address if changed since last filing. Write the correct address where 2, 21, 22, or 23. Do Check.

8. Date of Incorporation

05/25/1983

4 Federal Employer

Identification Number (FEIN) 59-2299573

5 Date of Last Report

04/20/1987

9. Name and Home Address of Each Officer and Director as of December 31, 1987

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use P.O. Box Numbers)	City and State
MCWILLIAMS, WIL, M.D.	P/D	5225 N. CARMEL HIGHTS DR.	PENSACOLA, FL.
SEARCY, JOHN W.	V/D	314 S. BAYLEN ST.	PENSACOLA, FL.
PATTERS, SALLY	S/T/D	3902 N. 9TH AVE. #4	PENSACOLA, FL.

REGISTERED AGENT INFORMATION

PUTTERS, SALLY
3902 N. NINTH AVS., SUITE 4
PENSACOLA, FL 32503

10. Name and Address of Your Registered Agent

Name #1

Street Address 1 (DO NOT Use P.O. Box Number) #2

Street Address 2 (Do NOT Use P.O. Box Number) #3

City and State #4

FL

Zip Code #5

DATE

Registered Agent Accepting Appointment

11. I, the undersigned, a resident of the State of Florida, being duly qualified, do hereby accept the appointment of the undersigned as the registered agent of the above corporation, incorporated under the laws of the State of Florida, to receive and forward to the corporation all notices and legal process served on the corporation, and to perform all other duties required of a registered agent under the laws of the State of Florida.

The undersigned hereby undertakes to maintain a residence or office in the State of Florida.

12. I, the undersigned, do hereby certify that the above corporation is a corporation organized under the laws of the State of Florida, and that the above corporation is in good standing under the laws of the State of Florida, and that the above corporation is not delinquent in the payment of any taxes or other obligations to the State of Florida.

Sally Patters
Secretary/Treasurer

5-13-88
Secretary/Treasurer

13. I, the undersigned, do hereby certify that the above corporation is a corporation organized under the laws of the State of Florida, and that the above corporation is in good standing under the laws of the State of Florida, and that the above corporation is not delinquent in the payment of any taxes or other obligations to the State of Florida.

Secretary/Treasurer

(904) 434-0860

\$6 Additional Fee
for each page

FORM 1-88

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
Division
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
DO NOT WRITE IN THIS SPACE
FILED

1989 MAY -3 AM 9 58

FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

← Please Make and Mail Return on Other Side Before Mailing Entries →
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

768624 9

NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.
3902 N. NINTH AVE., SUITE 4
PENSACOLA, FL. 32503-2872

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Above is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code

3 Date Incorporated or Qualified To Do Business in Florida

05/25/1983

4 Federal Employer Identification Number (FEIN)

59-2299573

5 Date of Last Report

05/20/1988

6 Name and Street Addresses of Each Officer and Director as of December 31, 1988

7 Title	8 Names of Officers and Directors	9 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	10 City and State
P/D	MCWILLIAMS, NBIL, M.D.	5225 N CARMEL HIGHTS DR.	PENSACOLA, FL.
V/D	SEARCY, JON W.	314 S. BAYLEN ST.	PENSACOLA, FL.
S/T/D	PUTTERS, SALLY	3902 N. 9TH AVE. #4	PENSACOLA, FL.

REGISTERED AGENT INFORMATION

11 Name and Address of Current Registered Agent

PUTTERS, SALLY
3902 N. NINTH AVE., SUITE 4
PENSACOLA, FL 32503

12 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85

FL

Pursuant to the provisions of Sections 607.004 and 607.007, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by all board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.005 FS.

SIGNATURE _____
(Registered Agent Accepting Appointment)

DATE _____

13 If a foreign corporation (288) that transacted business in Florida

Signature restrictions under instructions on reverse side of this form.

14 I certify that I am an Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 FS, and I hereby certify that I understand my signature on this report shall have the same legal effects as if made under oath. (Officer or Director signing must be listed in Block 6.)

Sally L. Putters

Date
April 24, 1989

Name and Title of Officer or Director
Sally L. Putters, M.S.N. Secretary/Treasurer

Telephone Number
(904) 434-0850

\$4 Additional Fee required by 3

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

RECEIVED

DO NOT WRITE IN THIS SPACE

CORPORATION



FLORIDA DEPARTMENT OF STATE
Joni Smith
Secretary of State
DIVISION OF CORPORATIONS

ANNUAL REPORT
1990

1990 JUN 14 11:47

Florida File # SJS Required — Make Checks Payable To: Secretary of State

Principal Office

768624 9

2 If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

ZIP + 4 PRESORT
NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.
3902 N. NINTH AVE., SUITE 4
PENSACOLA, FL. 32503-2883

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3 Date of Incorporation or Qualification To Do Business in Florida

05/25/1983

4 FEI Number

59-2299573

FEI Number Applied For
 FEI Number Not Applicable

5 Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

1	2	3	4
	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
P/D	MCWILLIAMS, NEIL, M.D.	5225 N CARMEL HGHTS DR.	PENSACOLA, FL.
V/D	SEARCY, JON W.	314 S. BAYLEN ST.	PENSACOLA, FL.
S/T/D	PUTTERS, SALLY	3902 N. 9TH AVE. #4	PENSACOLA, FL.

REGISTERED AGENT INFORMATION

6 Name and Address of Current Registered Agent

PUTTERS, SALLY
3902 N. NINTH AVE., SUITE 4
PENSACOLA, FL 32503

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use PO Box Number) 82

Street Address 2 (Do NOT Use PO Box Number) 83

City and State 84

FL.

Zip Code 85

I, the undersigned, being the duly authorized officer or registered agent of the above-named corporation, incorporated under the laws of the State of Florida, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

The change was authorized by resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent, I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE *Sally Putters*

(Registered Agent Accepting Appointment)

DATE **5/29/90**

Sally Putters

Sally Putters

Secretary/Treasurer

Date

5/29/90

(904)434-0850

Annual Fee
Required for
Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION:
ANNUAL REPORT
1991



STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

APPROVED
TALLAHASSEE, FL
FILED

DO NOT WRITE IN THIS SPACE

FILING FEE OF \$61.25 REQUIRED

1 Name and Mailing Address of Corporation
DOCUMENT #768624 (9)
ZIP + 4 PRESORT
NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.
OR CHILDREN, INC.
3902 N. NINTH AVE., SUITE 4
PENSACOLA, FL. 32503-2883

2 If Address in Book 1 is incorrect in any way, enter the correct address below. PO Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.
21 Street Address
22 P.O. Box No.
23 City and State
24 Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

3 Date Incorporated or Qualified To Do Business in Florida: **05/25/1983**
4 FEI Number: **59-2299573**
FEI Number Applicant Fee: **\$8.75** Additional Fee required for a Certificate of Status
FEI Number Not Applicable: **CERTIFICATE OF STATUS REQUIRED**

5 Names and Street Addresses of Each Officer and Director (Do not use any correction tape or X's to cover over incorrect information.)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT use P.O. Box Number)	4 City and State
P/D	MCWILLIAMS, NEIL, M.D.	5225 N CARMEL HEIGHTS DR.	PENSACOLA, FL.
V/D	SEARCY, JON W.	314 S. BAYLEN ST.	PENSACOLA, FL.
S/T/D	PUTTERS, SALLY	3902 N. 9TH AVE. #4	PENSACOLA, FL.
P/D	MCWILLIAMS, NEIL, M.D.	300 W. GOZALEZ STREET	PENSACOLA, FL.
V/D	SEARCY, JON W.	1540 N. SPRING STREET	PENSACOLA, FL.
S/T/D	PUTTERS, SALLY	11248 HIGHSPRINGS DRIVE	PENSACOLA, FL.

Continued on next page

REGISTERED AGENT INFORMATION

6 Name and Address of Current Registered Agent
PUTTERS, SALLY
3902 N. NINTH AVE., SUITE 4
PENSACOLA, FL 32503
7 Name and Address of Past Registered Agent
8 Street Address (Do NOT Use P.O. Box Number)
11248 HIGHSPRINGS DRIVE
9 City and State
PENSACOLA FL 32514

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of enabling the state or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of Directors to accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0508, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

I 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 an actual call of either party, 2. If the registered agent of the corporation is the registered agent, the registered agent shall be responsible for the filing of this report and the payment of the filing fee.

SIGNATURE *Jon W. Searcy* DATE *3/1/91*
Name of State's Officer or Director: JON W. SEARCY VICE-PRESIDENT
904 438-3231

FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status

EN:CH

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

ITEM 6. Continued from Page 1:

NAMES AND ADDRESSES OF EACH OFFICER AND DIRECTOR

D	LOHMILLER, KAY	106 FAWNWOOD DRIVE,	PENSACOLA, FL.
D	BROWN, EUGENE	1504 YAWL CIRCLE,	PENSACOLA, FL.
D	REDEKER, CINDY	909 NORTH BARCELONA,	PENSACOLA, FL.
D	SPANN, FUCHSIA	504 SILVERTHORN ROAD,	PENSACOLA, FL.
D	CLARK, DEBRA	7155 N. NINTH AVENUE 221-D,	PENSACOLA, FL.

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATE
ANNUAL REPORT
1992



DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

443-6141

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

FILING FEE \$61.25 Make Payable To: Secretary of State

DO NOT WRITE IN THIS SPACE

1. Current Mailing Address and other DOCUMENT #788624 (9)
NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.
OR CHILDREN, INC.
3902 N. NINTH AVE., SUITE 4
PENSACOLA FL 32503-2883

2. If Address in Block 1 is incorrect in any way, use through the incorrect information and enter the correct address in Block 2. P. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address
22 P.O. Box No.
23 City and State
24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida 05/25/1983

See instructions on reverse side. Line through the incorrect information and enter correct address in Block 2.

3a. Date of this Report 03/13/1991
4. FEI Number 59-2299573
FEI Number Applied For
FEI Number of Tax Authority
5. \$8.75
CERTIFICATE OF STATUS CHANGE

6. Name, Street Address of Each Officer and Director (Do not use any correction tape or fluid to cover over, retype or re-photocopy)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers)	4. City and State
1. P/D	MCWILLIAMS, NEIL, M.D.	300 W GONZALEZ ST	PENSACOLA, FL.
2. V/D	SEARGY, JON W.	1540 N SPRING ST	PENSACOLA, FL.
3. S/T/D	PUTTERS, SALLY	11248 HIGHSPRINGS DR	PENSACOLA, FL.
4. P/D	PUTTERS, SALLY	11248 Highsprings Dr.	Pensacola, Fl
5. V/D	MCWILLIAMS, NEIL, M. D.	300 W. Gonzalez St.	Pensacola, Fl
6. S/T/D	EBOGLU, SHERYL	154 Country Club Road	Shalimar, Fl

7. Name and Address of New Registered Agent

REGISTERED AGENT INFORMATION

PUTTERS, SALLY
11248 HIGHSPRINGS DR
PENSACOLA, FL 32514

81 Name
82 Street Address 1 (Do NOT use P.O. Box Number)
83 Street Address 2 (Do NOT use P.O. Box Number)
84 City
85 Zip Code
FL.

9. This corporation is in compliance with Sections 607.1502 and 607.1503 or Sections 617.0502 and 617.1001 Florida Statutes. The above named corporation authorizes and empowers the undersigned to act as its registered agent or requested agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I, the undersigned, am familiar with and accept the obligations of Section 607.0501, Florida Statutes.

10. This corporation has liability for unreported Liabilities Florida Statutes Yes No (See other side for information on exceptions)

11. I certify that the information indicated on this annual report or multiple annual report is true and accurate and that my signature shall have the same legal effect as if I were personally present at the meeting of the corporation or the recorder or trustee or secretary or any other officer authorized to give the report as required by Chapter 607, Florida Statutes.

SIGNATURE *Neil McWilliams* 2-27-92
Neil McWilliams Vice-President 904 434-0850

File Now. Filing Fee after May 1 is \$225.00

1993



Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # 768624 (9)

**NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.
OR CHILDREN, INC.
3000 N 9TH AVE STE 4
PENSACOLA FL 32503-2883**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Creation 05/25/1983	3a. Date of Last Report 03/04/1992
4. Filing Number 592299573	Approved FILED
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Selection Certificate Issued by Trust Filing Commission <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Agreement with FID 5010555 Tax Exempt Status <input checked="" type="checkbox"/>	\$138.75 Supplemental Fee Not Required
8. This corporation has elected to be taxed as a corporation Federal Status <input checked="" type="checkbox"/>	

FILING FEE ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE			
21. 4400 Bayan Blvd.	26. 4400 Bayan Blvd.	2a. Principal Place of Business	
22. Suite 21	27. Suite 21	2b. City & State	
23. County	28. State	2c. City	
24. County	29. State	2d. City	

9. Name and Address of Current Registered Agent

**PUTERS, SALLY
11248 HIGSPRINGS DR
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent

81. Name	85. State	86. Country
82. Street Address (P.O. Box Number is Not Acceptable)	FL	
83. City		

11. I, the undersigned, being of lawful age, do hereby certify that I am a resident of the State of Florida, and I am the owner of the shares of stock in the above named corporation, and I do hereby authorize the undersigned to execute and file the foregoing certificate of incorporation, and to execute and file the foregoing certificate of amendment, and to execute and file the foregoing certificate of change of name, and to execute and file the foregoing certificate of change of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I do hereby acknowledge and accept the obligations of Section 607.05, Florida Statutes.

12. OFFICERS AND DIRECTORS CHANGES

V/D MCWILLIAMS, NEIL, M.D. 300 W GOZALEZ ST PENSACOLA FL	13. NAME	
S/T/D EBEODLU, SHERYL 154 COUNTRY CLUB RD SHALIMAR FL	14. ADDRESS	
P/D PUTTERS, SALLY 11248 HIGSPRINGS DR PENSACOLA FL	15. CITY	

16. NAME	
17. ADDRESS	
18. CITY	
19. STATE	
20. COUNTRY	

SIGNATURE *Nick Wetham*
Vice-President

3-1-93

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

94 MAR 15 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN INC.

DOCUMENT #
788624 (9)

Mailing Address
**4400 BAYOU BLVD.
SUITE 21
PENSACOLA FL 32503-2803**

Principal Place of Business
**4400 BAYOU BLVD.
SUITE 21
PENSACOLA FL 32503-2803**

DO NOT WRITE IN THIS SPACE

2. Mailing Address
2a. Principal Place of Business

3. Date Incorporated or Qualified: **05/25/1983** 3a. Date of Last Report: **03/02/1993**

4. FEI Number: **59-2280573** Applied For: Not Applicable:

5. Condition of Status Desired: **\$3.75** Elected Company Financing Plan: **\$5.00** May Be Added to Fees

7. Nonprofit Exempt from \$138.75 Supplemental Fee: **X**

8. This corporation has liability for intangible tax under S. 199 C.F.R. Florida Statutes: Yes No

21. Mailing Address 2a. Principal Place of Business

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Name and Address of Current Registered Agent: **PUTTERS, SALLY
11248 HIGHSPRINGS DR
PENSACOLA FL 32514**

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. I consent to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS 4/12	
1. TITLE	V/D	1.1 TITLE	
2. NAME	MCWILLIAMS, NEIL, M.D.	2.1 NAME	
3. STREET ADDRESS	300 W GOZALEZ ST	3.1 STREET ADDRESS	
4. CITY - ST - ZIP	PENSACOLA FL	4.1 CITY - ST - ZIP	
5. TITLE	S/D	5.1 TITLE	
6. NAME	EBEOGLU, SHERYL	6.1 NAME	
7. STREET ADDRESS	154 COUNTRY CLUB RD	7.1 STREET ADDRESS	
8. CITY - ST - ZIP	SHALIMAR FL	8.1 CITY - ST - ZIP	
9. TITLE	P/D	9.1 TITLE	
10. NAME	PUTTERS, SALLY	10.1 NAME	
11. STREET ADDRESS	11248 HIGHSPRINGS DR	11.1 STREET ADDRESS	
12. CITY - ST - ZIP	PENSACOLA FL	12.1 CITY - ST - ZIP	
13. TITLE		13.1 TITLE	
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY - ST - ZIP		16.1 CITY - ST - ZIP	
17. TITLE		17.1 TITLE	
18. NAME		18.1 NAME	
19. STREET ADDRESS		19.1 STREET ADDRESS	
20. CITY - ST - ZIP		20.1 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), Florida Statutes, relative to the disclosure of information from any liability of non-compliance with Section 119.07(1)(a) in the event that the information is disclosed except from public works. I have been duly authorized to execute this statement on behalf of the corporation and to bind the corporation in the event that the information is disclosed except from public works. I am an officer or director of the corporation at the time of filing this statement. I understand the result of providing this information to the public and that my name appears in Boxes 12 or 13 of Block 13.00 (Officers and Directors) of this return.

SIGNATURE: *Neil Williams*

SIGNATURE AND TITLE OF EACH OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 1995



SECRETARY OF REVENUE
 1900 BANK BUILDING
 TALLAHASSEE, FLORIDA 32309-0001

DOCUMENT # **768624** (9)

NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.

4400 BAYOU BLVD.
 SUITE 21
 PENSACOLA FL 32503-2880

FILED
 SECRETARY OF REVENUE
 TALLAHASSEE
 95 FEB - 1 PM 1:56

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/25/1983** Ja. Date of Last Report: **03/15/1994**

4. FEI Number: **59-2299573**

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

6. Election Carryover Financing: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for marginal tax under S. 109(a) Florida Statutes: Yes No

21. Principal Office of Business: **4400 BAYOU BLVD. SUITE 21 PENSACOLA FL 32503-2880**

22. Mailing Address: **4400 BAYOU BLVD. SUITE 21 PENSACOLA FL 32503-2880**

23. State: **FL**

24. City & State: **PENSACOLA FL**

25. Country: **USA**

26. State, Apt. #, etc.

27. City & State

28. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent:

PUTTERS, SALLY
11248 HIGHSPPRINGS DR
PENSACOLA FL 32514

10. Name and Address of New Registered Agent:

81. Name: **Trawick, Lucy**

82. Street Address (P.O. Box Number is Not Acceptable): **334 N. Sunset Blvd.**

83. City: **Gulf Breeze** FL 85. Zip Code: **32571**

I, the undersigned, Secretary of the State of Florida, do hereby certify that the above-named corporation is duly organized and in good standing under the laws of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the corporation.

Lucy Trawick **Lucy Trawick** **01/25/95**

MEMBERS AND DIRECTORS

VD
MCWILLIAMS, NEIL, M.D.
300 W GOZALEZ ST
PENSACOLA FL

STD
EBEOGLU, SHERYL
154 COUNTRY CLUB RD
SHALMAR FL

PD
PUTTERS, SALLY
11248 HIGHSPPRINGS DR
PENSACOLA FL

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11. Change

12. Change

13. Change

14. Change

15. Change

16. Change

17. Change

18. Change

19. Change

20. Change

SIGNATURE: *Neil McWilliams* **Neil McWilliams 01/25/95** (904) **474 0244**