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PROFIT CORPORATION **ANNUAL REPORT**

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F27150

(4)

RUSSELL C. PACKARD, M.D., P.A.

FILED Mar 13 1997 8:00am Secretary of State

Principal Place	of Business	Mailing Address				_						
5500 N. DAVIS HIGHWAY PENSACOLA FL 32503		5500 N. DAVIS HIGHWAY PENSACOLA FL 32503-2009										
						1	Date Incorpora 03/27/1981	ated or Qual	lified		ate of Last 27/1996	
2. Principal Pla	ce of Business	2a. Mailing Addro	ess			4.	FEI Number			·		Applied For Not Applicab Additional Required
21		26					59-209850)9				
Sulte, Apt. #,	, etc.	Suite, Apt. #,	etc.			5.	Certificate of S	status Dosire	ed			
City & State		City & State			3	Election Camp Trust Fund Co	•				May Be	
Zip	Country	28] 7ip	[]	Country	· ~		This corporation					d to Fees s. 199.032
4	25	29	30]			Florida Statute			Yes [
	9. Name and Address of Curr	ent Registered Agent				10.	Name and Ad	dress of Ne	w Reg	istered	Agent	
	(ard, russell c.			81	Name							
<u></u> ጀፍሰስ	NORTH DAVIS HWY											
				82	Street Add	dress (P.	O. Box Numbe	er is Not Acc	eptable	9)		
	ACOLA FL 32503			82 83	Street Add	dress (P.	O. Box Numbo	er is Not Acc	eptable	9)		
					Street Add	dress (P.	O. Box Numbe	er is Not Acc	ceptable		85 Zij	p Code
PENS 11. Pursuant to office or regagent. I am	the provisions of Sections 607.00 gistered agent, or both, in the Stati familiar with, and accept the obli	igations of, Section 607.0	0505, Florida S	83 84 e above ized by statutes	City -named cor the corpora	rporation ation's bo	i subnits this s pard of directo			FL rpose of the app	, { ` } `	
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64 CITY - \$1 - ZIP 14. If do 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 logal 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 attachment with an address.

SIGNATURE:

3/10/97

4.1 TITLE 4 2 NAME

5.11011 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

3.3 STREET ADDRESS

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