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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F53816

(7)

1. Corporation Name

SHAO, GINCAUSKAS, BENTZ & NALLEY, M.D.'S, P.A.

Principal Place of Business

212 W CERVANTES ST
PENSACOLA FL 32501
US

Mailing Address

P. O. BOX 18746
PENSACOLA FL 32523-8746
US

3. Date Incorporated or Qualified
11/16/1981

3a. Date of Last Report
01/22/1996

2. Principal Place of Business

21 1717 N. "E" ST.

Suite, Apt. #, etc.

22 STE 203

City & State

23

Zip Country

24 32501-6336 25

2a. Mailing Address

26 1717 N. "E" ST

Suite, Apt. #, etc.

27 STE 203

City & State

28

Zip Country

29 32501-6336 30

4. FEI Number

59-2166388

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BENTZ, PHILIP D
212 W. CERVANTES ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1717 N. "E" ST STE 203

83

84 City PENSACOLA

FL

85 Zip Code 32501

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE

Signature of person authorized to change registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	PAUL R. SHAO, M.D.	
STREET ADDRESS	212 WEST CERVANTES STREET	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JAMES H. NALLEY, M.D.	
STREET ADDRESS	212 WEST CERVANTES STREET	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BENTZ, PHILIP D	
STREET ADDRESS	212 W. CERVANTES ST.	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GINCAUSKAS, ROLAND J	
STREET ADDRESS	212 W. CERVANTES ST.	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ASHMORE, B. WAYNE, M.D.	
STREET ADDRESS	212 W. CERVANTES ST.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PATTON, ROBERT F.	
STREET ADDRESS	212 W CERVANTES ST	
CITY - ST - ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I 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 legal effect as if made under oath; that I am an officer or director of the corporation or the person or persons 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97

Date

904-438-1848

Daytime Phone #

CR2E034 (9/96)