

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F53816 (7)**

1. Corporation Name  
**SHAO, GINCAUSKAS, BENTZ & NALLEY, M.D.'S, P.A.**



Principal Place of Business 1717 N.E. ST. STE 203 PENSACOLA FL 32501-6336 US	Mailing Address <del>P.O. BOX 18746</del> PENSACOLA FL 32501-6336 US
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3. Date Incorporated or Qualified  
**11/16/1981**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 1717 N. "E" St Ste 203 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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4. FEI Number  
**59-2166388**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**BENTZ, PHILIP D**  
**1717 N.E. ST., STE 203**  
**PENSACOLA FL 32501**

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. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

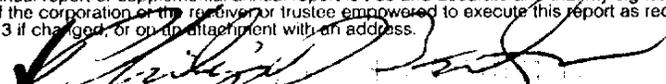
12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1717 N. "E" St Ste 203
2.4 CITY-ST-ZIP	32501-6336
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1717 N. "E" St Ste 203
3.4 CITY-ST-ZIP	32501-6336
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1717 N. "E" St Ste 203
4.4 CITY-ST-ZIP	32501-6336
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1717 N. "E" St Ste 203
5.4 CITY-ST-ZIP	32501-6336
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	1717 N. "E" St Ste 203
6.4 CITY-ST-ZIP	32501-6336

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 attachment with an address.

SIGNATURE:  4/2/98

CP2E034 (10/97)