

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  
**P.O. BOX 18746  
PENSACOLA FL 32501-6336  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/16/1981</b>	
21 Suite, Apt. #, etc.		26 <b>1717 N. "E" St Ste 203</b>		4. FEI Number <b>59-2166388</b>	
22 City & State		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 <b>32501-6336</b>		30 Country	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

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

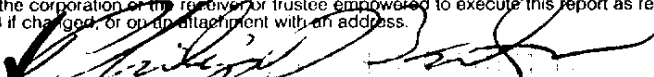
13.

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

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

CR2E034 (10/97)