


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

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90147 049 ***150.00

053079

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F53816**

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 1717 N "E" ST SUITE 203 PENSACOLA FL 32501-6336 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified

11/16/1981

Applied For
☐ Not Applicable

4. FEI Number
59-2166368

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JAMES H. NALLEY, M.D.	
STREET ADDRESS	1717 N "E" ST STE 203	
CITY-ST-ZIP	PENSACOLA FL 32501-6336	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BENTZ, PHILIP D	
STREET ADDRESS	1717 N "E" ST STE 203	
CITY-ST-ZIP	PENSACOLA, FL 00000 32501-6336	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GINCAUSKAS, ROLAND J	
STREET ADDRESS	1717 N "E" ST STE203	
CITY-ST-ZIP	PENSACOLA, FL 00000 32501-6336	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ASHMORE, B. WAYNE, M.D.	
STREET ADDRESS	1717 N "E" ST STE 203	
CITY-ST-ZIP	PENSACOLA FL 32501-6336	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PATTON, ROBERT F.	
STREET ADDRESS	1717 N "E" ST STE203	
CITY-ST-ZIP	PENSACOLA FL 32501-6336	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/14/99 850-4381848

053079 (11/02)