

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 PM 11:17

DOCUMENT # F81078 (0)

1. Corporation Name

HODNETTE MEDICAL CENTER CLINIC, P.A.

Principal Place of Business

8333 NORTH DAVIS HIGHWAY  
PENSACOLA FL 32514

Mailing Address

8333 NORTH DAVIS HIGHWAY  
PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1982

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-2193856

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

10. Name and Address of New Registered Agent

AMOS, E. H.  
8333 NO. DAVIS HWY.  
PENSACOLA FL 32514

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                |                    |
|----------------|--------------------|
| TITLE          | P                  |
| NAME           | R. H. CIORDIA, MD  |
| STREET ADDRESS | 8333 N DAVIS HWY   |
| CITY ST ZIP    | PENSACOLA FL       |
| TITLE          | V                  |
| NAME           | B.D. MILLER, MD    |
| STREET ADDRESS | 8333 N DAVIS HWY   |
| CITY ST ZIP    | PENSACOLA FL       |
| TITLE          | V                  |
| NAME           | WHITE, M.A., MD    |
| STREET ADDRESS | 8333 N. DAVIS HWY. |
| CITY ST ZIP    | PENSACOLA FL       |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY ST ZIP    |                    |
| TITLE          |                    |
| 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    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY ST ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY ST ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY ST ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY ST ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY ST ZIP    |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

M. A. White MD Second Vice President 4/7/95 474-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number