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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCUMENT # F81078

WEST FL	ORIDA MEDICAL CENT	ER CLINIC, P.A.					
Principal Place of Business 8333 NORTH DAVIS HIGHWAY		Mailing Address 8333 NORTH DAVIS HIGHWAY			arari givil algil Affil Sfoff	F1 9 44 40 01	
PENSACOLA FL	. 32514	PENSACOLA FL 32514-6	Q48				
					Date Incorporated or Qualified 05/13/1982	3a. Date of Last F 05/01/1996	leport
2. Principal Pia	ace of Business	2a. Maling Address			4. FEI Number		oplied For
1		26			59-2193856	N	ot Applicable
Suite Apt #	#, etc.	Suite, Apt. #, etc.	THE SECOND CONTRACTOR OF THE SECOND CONTRACTOR		5. Certificate of Status Desired	7	Additional equired
City & State		27 City & State			Election Campaign Financing		May Be
3	.,,	28			Trust Fund Contribution		to Fees
Zip	Country] Ζφ	Country		8. This corporation has flability for i		. 199.032,
4	25	[29]	30			Yes No	
	9. Name and Address of Cu	irrent Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	S, E. H.						·
	: NO. DAVIS HWY. SACOLA FL 32514		82	Street Addr	ress (P.O. Box Number is Not Acceptab	ole)	
PEN	SACULA PL 32314		83				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			<u> </u>				
			84	City		FL 85 Zip	Code
office or re agent. I ar	egistered agent or both in the S	itate of Florida. Such change wa obligations of Section 607.0505,	s authorized by t	the corporat	tion's board of directors, I hereby accep	or the appointment as	-
agent. Lar SIGNATURF	agistered agent, or bath, in the S r. fumiliar with, and accept the o	tate of Florida, Such change was bligations of Section 607 0505, stagent and the caraceastic (N AND DIRECTORS	s authorized by i	,		DATE	RS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
B. D. Miller, M. D., Fre Side of

FILED

Jan 23 1997 8:00am

Secretary of State