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Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1997

1-23-97

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C-

DOCUMENT # F81078

(0)

1. Corporation Name

WEST FLORIDA MEDICAL CENTER CLINIC, P.A.

Principal Place of Business

8333 NORTH DAVIS HIGHWAY  
PENSACOLA FL 32514

Mailing Address

8333 NORTH DAVIS HIGHWAY  
PENSACOLA FL 32514-6048

3. Date Incorporated or Qualified

05/13/1982

3a. Date of Last Report

05/01/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

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

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 NAME ☐ DELETE

V  
BROWN, J.M. M  
8333 N. DAVIS HWY  
PENSACOLA FL

TITLE NAME ☐ DELETE

P  
B.D. MILLER, MD  
8333 N DAVIS HWY  
PENSACOLA FL

TITLE NAME ☐ DELETE

V  
WHITE, M.A., MD  
8333 N. DAVIS HWY.  
PENSACOLA FL

TITLE NAME ☐ DELETE

SECRETARY  
KATTHNER, M., M.D.  
8333 NORTH DAVIS HWY  
PENSACOLA, FL 32504

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SECRETARY  
KATTHNER, M., M.D.  
8333 NORTH DAVIS HWY  
PENSACOLA, FL 32504

TREASURER  
COUNSELMAN, K., M.D.  
8333 NORTH DAVIS HWY  
PENSACOLA, FL 32504

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B.D. Miller, M.D., President

Date

1-13-97

Daytime Phone #

904-474-8248

CR2E034 (9/96)