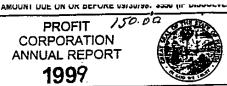
**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F81078 Corporation Name

(0)

Mailing Address

TURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WEST FLORIDA MEDICAL CENTER CLINIC, P.A.

Principal Place of Business 8333 NORTH DAVIS HIGHWAY 8333 NORTH DAVIS HIGHWAY PENSACOLA FL 32514 PENSACOLA FL 32514 DO NOT WRITE IN THIS SPACE Date incorporated or Qualified 05/13/1982 Applied For 4. FEI Number 2a. Mailing Address Principal Place of Business Not Applicable 59-2193856 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes or has paid the current year Intangible Country Zip Zip Country \_\_\_ Yes Personal Property Tax due June 30. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AMOS. E. H. Street Address (P.O. Box Number is Not Acceptable) 8333 NO. DAVIS HWY. PENSACOLA FL 32514 Zip Code 85 | City Pursuant to the provisions of sections 607.0502 and 607.1508, Flonda Statutes, the above-named corporation supmits 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** (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Signature, typed or printed name of registered agent and title if applicable 13. OFFICERS AND DIRECTORS 12. Addition Change 1.1 TITLE DELETE TITLE 1.2 NAME BROWN, J.M. M NAME 8333 N. DAVIS HWY 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change 2.1 TITLE DELETE TITLE B.D. MILLER, MD 2.2 NAME NAME 8333 N DAVIS HWY 2.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition \_\_ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP - Addition 4.1 TITLE DELETE TITLE 4.2 NAME KATTNER, M M NAME 4.3 STREET ADDRESS 8333 N DAVIS HWY STREET ADDRESS PENSACOLA FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP Addition CITY-ST-ZIP Change 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADORESS 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 cath; 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. CITY-ST-ZIP

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90209 001 \*\*\*150.00