

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90038 042 \*\*\*150.00

**DOCUMENT # F81078**

**1. Entity 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**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-2193856**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**REDMOND, M.R. M.D.**  
**8333 NO. DAVIS HWY.**  
**PENSACOLA FL 32514**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V D	<input type="checkbox"/> Delete
NAME	BROWN, J.M. M	
STREET ADDRESS	8333 N. DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P D	<input type="checkbox"/> Delete
NAME	REDMOND, M.R. M.D.	
STREET ADDRESS	8333 N DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VARENHOLT, J.J. M.D.	
STREET ADDRESS	8333 N DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frost, James M., M.D.	
STREET ADDRESS	8333 N. Davis Hwy	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	King, Thomas I., M.D.	
STREET ADDRESS	8333 N. Davis Hwy	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Petrie, Gregory J., M.D.	
STREET ADDRESS	8333 N. Davis Hwy	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schmitz, Marcus P., M.D.	
STREET ADDRESS	8333 N. Davis Hwy	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kattner, Max D., M.D.	
STREET ADDRESS	8333 N. Davis Hwy	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. 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 report or supplemental 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 11 or Block 12 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 #

CR2E034 (9/01)