

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F81078

1. Entity Name
WEST FLORIDA MEDICAL CENTER CLINIC, P.A.



-- FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:15

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



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2193856

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	EVP
NAME	POPPLE, M. A
STREET ADDRESS	8333 N. DAVIS HWY
CITY- ST- ZIP	PENSACOLA, FL 32514
TITLE	CEO
NAME	REDMOND, M. R M.D.
STREET ADDRESS	8333 N DAVIS HWY
CITY- ST- ZIP	PENSACOLA, FL 32514
TITLE	VP
NAME	SCHMITZ, M. P M.D.
STREET ADDRESS	8333 N DAVIS HWY
CITY- ST- ZIP	PENSACOLA, FL 32514
TITLE	S.T
NAME	WELCH, K M.D.
STREET ADDRESS	8333 N DAVIS HWY
CITY- ST- ZIP	PENSACOLA, FL 32514
TITLE	COB
NAME	FROST, J. D M.D.
STREET ADDRESS	8333 N DAVIS HWY
CITY- ST- ZIP	PENSACOLA, FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

200074150913
05/08/06--01016--025 **550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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 #

4-27-06