

150

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F81078 1. Entity Name WEST FLORIDA MEDICAL CENTER CLINIC, P.A.				 <div style="text-align: right; padding-top: 10px;"> FILED 07 APR 26 PM 3: 55 STATE OF FLORIDA ALACHUA COUNTY, FLORIDA </div>	
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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03202007 Chg-P CR2E034 (12/06)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2193856	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REDMOND, M.R. M.D. 8333 NO. DAVIS HWY. PENSACOLA, FL 32514			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP POPPLE, M. A. 8333 N. DAVIS HWY PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800103012838 05/22/07--01025--002 **550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO REDMOND, M. R M.D. 8333 N DAVIS HWY PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$2514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHMITZ, M. P M.D. 8333 N DAVIS HWY PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T WELCH, K M.D. 8333 N DAVIS HWY PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COB Welch, K, M.D. 8333 N. Davis Hwy Pensacola, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB FROST, J. D M.D. 8333 N DAVIS HWY PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S,T Vandenberg, Michael Kent, M.D. 8333 N. Davis Hwy Pensacola, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: M. A. Popple			Date: 4-13-07 Daytime Phone #: 850-474-8724		