

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F81078

**FILED**  
**May 31, 2011**  
**Secretary of State**

**Entity Name:** WEST FLORIDA MEDICAL CENTER CLINIC, P.A.

**Current Principal Place of Business:**

8333 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

8333 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32514

**New Mailing Address:**

**FEI Number:** 59-2193856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REDMOND, M.R. M.D.  
8333 NORTH DAVIS HWY.  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** EVP  
**Name:** POPPLE, M. A  
**Address:** 8333 NORTH DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32514

**Title:** CEO  
**Name:** REDMOND, M. R M.D.  
**Address:** 8333 NORTH DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32514

**Title:** PRES  
**Name:** WELCH, KEVIN M.D.  
**Address:** 8333 NORTH DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32514

**Title:** VP  
**Name:** SCHMITZ, MARCUS M.D.  
**Address:** 8333 NORTH DAVIS HIGHWAY  
**City-St-Zip:** PENSACOLA, FL 32514

**Title:** ST  
**Name:** JONES, DEREK M.D.  
**Address:** 8333 N DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32514

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ANDY POPPLE

EVP

05/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date