

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F81078

FILED
Apr 24, 2012
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:

MURRAY, JENNIFER M.D.
8333 NORTH DAVIS HWY.
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

HUSTON, GARY W
125 W ROMANA STREET
SUITE 800
PENSACOLA, FL 32501 US

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: GARY W HUSTON

04/24/2012

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: MURRAY, JENNIFER 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: M.A. POPPLE

EVP

04/24/2012

Electronic Signature of Signing Officer or Director

Date