

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F81078

FILED
Apr 30, 2003
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 NO. 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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BROWN, J.M. M
Address: 8333 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL

Title: P () Delete
Name: REDMOND, M.R. M.D.
Address: 8333 N DAVIS HWY
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: JAMES, THOMAS
Address: 8333 N DAVIS HWY
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S, T (X) Change () Addition
Name: BROWN, J.M. M
Address: 8333 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SCHMITZ, M. M.D.
Address: 8333 N DAVIS HWY
City-St-Zip: PENSACOLA, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL R. REDMOND, M.D.

P

04/30/2003

Electronic Signature of Signing Officer or Director

Date