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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

G96697 DOCUMENT #
1. Corporation Name

(9)

PENSACOLA DIAGNOSTIC CENTER AND BREAST CLINIC, A NGEL WILLIAMSON, M.D., P.A.

Principal Place of Business

Mailing Address



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Size,	5120 BAYOU PENSACOLA				ayou blvd. S1 Cola Fl 32503										
Suffe, Apt. #, etc. 28												r Qualified	1		
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28	Suite, Apt. #	, etc.	2						5. Certifica	ate of Status	Desired		•	-	
9. Name and Address of Current Registered Agent 10. Name and Address of Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of	City & State	•	2	¬ ′	State							-			
9. Name and Address of Current Registered Agent Notified Name Name Notified Name Name	Zip 24	_	· —	¬ '		 	intry				•			x under s	199.032,
NOUTEN CHENCET: \$120 DAYOU BUTS-67E-9 PERSACOLA FL 12003 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Flords Statutes, the actions and acceptance of politicists of Scotions 607,0502 and 607,1508. Flords Statutes, the actions and acceptance of politicists of Scotions 607,0502 and 607,1508. Flords Statutes, the actions and acceptance of politicists of Scotions 607,0505. Flords Statutes, the actions and acceptance of politicists of Scotions 607,0505. Plands Statutes, the actions and acceptance of politicists of Scotions 607,0505. Plands Statutes, the actions and acceptance of politicists of Scotions 607,0505. Plands Statutes, the actions and acceptance of politicists of Scotions 607,0505. Plands Statutes, the actions and acceptance of politicists of Scotions 607,0505. Plands Statutes, the actions and acceptance of politicists of Scotions 607,0505. Plands Statutes, the actions and acceptance of politicists of Scotions 607,0505. Plands Statutes, the actions and acceptance of politicists of Scotions 107,0505. Plands Statutes, the actions and acceptance of changing its registered diffice or registered agent, or plants in statutes in statutes. The purpose of changing its registered diffice or registered agent, or plants in statutes in statutes. The purpose of changing its registered diffice or registered agent, and acceptance agent acceptance agent and acceptance agent acceptance agent. I am acceptance agent acceptance agent acceptance agent acceptance agent. I am acceptance agent acceptance agent. I am acceptance agent acceptance agent. I am acceptance agent acceptance agent acceptance agent. I am acceptance agent acceptance agent. I am acceptance agent. I		9. Name and A	ddress of Current Re	gistered /	Agent					10. Name	and Addres	s of New R	egistered	Agent	
11. Pressant to the provisions of Sections 607.0502 and 607.1509. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or politic in the State of Florida. Such change was without read the corporation's board of directors. I hereby accept the appointment as registered agent. I am failure with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed preted name or registered agent and too if a death. DP	5120 BA	YOU BLVD, STO	! 9 -				82 83	Street .	Addres	(P.O. Box I	Number is N	ot Acceptab	te 9	85 2	in Code
11. Presuant to the provisions of Sections 607.0002 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or joint, in the State of Pricinds. Such ranging was without provided by the corporation's board of directors. Threely accept the appointment as registered office or registered agent, in, in the State of Pricinds. Such ranging was without provided agent and was acceptable of pricing agent and the Register and the Register of the Register agent and the Register agent and the Register agent and the Register agent and the Register agent agent and the Register agent agent agent and the Register agent								J.,	Pen	us a col	19		FL		32503
12.	11. Pursuant to or registere familiar with	ed agent, or both, in a, and accept the c	n the State of Florida. Sobligations of, Section 6	uch chang 07.0505, F	je was authorize Florida Statutes.	ed by the a	corp	oration's	armaratic	so embooite t	bie elalamar	it for the pur ept the app	ointment as	registere	d agent. I am
12.	SIGNATURE _	1/5	·			んからい TE Registered	ا (بر LAgeri	M ♥ It signature r	reaurad wh		ser .		5-1	3-96	
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 changed, or on an attachment with an address.

GNATURE:

Angel Williamson MD OWNER 5-13-96 904-476-1161

Baytime Phone #

SIGNATURE: _

Angel Williamson MD OWNER 5-13-96 904-476-1161