1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G96697

1. Corporation Name

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

PRINCIPAL Place of Business ### Applied For Status Place of Business ### 2a Mailing Address 2a Mailing Address 2a Mailing Address 2a Mailing Address 4. FEI Number Applied For Status Desired Applied For Fee Required Applied For
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2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 3. Date Incorporated or Qualified O4/11/1984 4. FEI Number
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Zip Country Zip Country Zip Country 30 S. This corporation owes the current year Intangiple Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WILLIAMSON, ANGEL Y. 5120 BAYOU BLVD, STE 9 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32503 83 Street Address (P.O. Box Number is Not Acceptable) ### City FL 85 Zip Code ### City
24
9. Name and Address of Current Registered Agent WILLIAMSON, ANGEL Y. 5120 BAYOU BLVD: STE 9 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE DP
WILLIAMSON, ANGEL Y. 5120 BAYOU BLVD, STE 9 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboven-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP DELETE 11 TITLE Change Addi NAME DELETE 13 STREET ADDRESS CITY-ST-ZIP TITLE Change Addi Addi Addi City FL 85 Zip Code Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 85 Zip Code 11. Pursuant to the purpose of changing its registered agent and the purpose of changing its registered agent agent and the purpose of changing its registered agent a
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attactor of the corporation of the corpo

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

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Feb 01, 1999 8:00am

Secretary of State

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