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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90046 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H28067

1. Corporation Name
CAMPBELL CRESTVIEW MEDICAL CLINIC, P.A.

Principal Place of Business % JAMES L. CHASE 101 E. GOVERNMENT STREET PENSACOLA FL 32501	Mailing Address % JAMES L. CHASE 101 E. GOVERNMENT STREET PENSACOLA FL 32501
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 CRESTVIEW MEDICAL CLINIC Suite, Apt. #, etc. 22 129 REDSTONE AVE. City & State 23 CRESTVIEW, FL Zip 24 32539 Country 25 OKALOOSA	2a. Mailing Address 26 CRESTVIEW MEDICAL CLINIC Suite, Apt. #, etc. 27 129 REDSTONE AVE. City & State 28 CRESTVIEW, FL Zip 29 32539 Country 30 OKALOOSA
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3. Date Incorporated or Qualified 10/24/1984	4. FEI Number 59-2456613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

TIPTON, ANN
125 W ROMANA STREET
ONE PENSACOLA PLAZA SUITE 222
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 office or 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, WAYNE E.	
STREET ADDRESS	129 REDSTONE AVE	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CAMPBELL, DAVID M.	
STREET ADDRESS	129 REDSTONE AVE.	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THIGPEN, LEE	
STREET ADDRESS	129 REDSTONE AVE.	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOHN T.	
STREET ADDRESS	129 REDSTONE AVE.	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE: *Lee Thigpen* **2/15/99** **(850) 682-6122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)