

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90019 044 ***150.00

DOCUMENT # H28067

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

Principal Place of Business
**CRESTVIEW MEDICAL CLINIC
 129 REDSTONE AVE
 CRESTVIEW FL 32539**

Mailing Address
**CRESTVIEW MEDICAL CLIM
 101 E. GOVERNMENT STREET
 PENSACOLA FL 32501-5801**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
**125 W. Romana St.
 Suite
 One Pensacola Plaza 224
 City & State
Pensacola FL
 Zip
32501
 Country
Escambia**

4. FEI Number **59-2456613**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**TIPTON, ANN
 125 W ROMANA STREET
 ONE PENSACOLA PLAZA SUITE 222-224
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **Dan Lozier**

Street Address (P.O. Box Number is Not Acceptable)
Same

City **FL** Zip Code

8. 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 **Daniel A. Gari Dan Lozier** DATE **2/28/00**

Signature, typed or printed name of registered agent and date if applicable. (None of Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. 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 AV.E	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **SIGNATURE REQUIRED** DATE: **3/13/2000** DAYTIME PHONE: **(850) 682-6122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP - 0014 (9/99)