

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90065 003 ***150.00

0031421

DOCUMENT # H28067

1. Entity Name

CAMPBELL CRESTVIEW MEDICAL CLINIC, P.A.

Principal Place of Business

Mailing Address

**CRESTVIEW MEDICAL CLINIC
 129 REDSTONE AVE
 CRESTVIEW FL 32536**

**125 W ROMANA ST
 ONE PENSACOLA PLAZA
 PENSACOLA FL 32501**

2. Principal Place of Business

CRESTVIEW MEDICAL CLINIC

3. Mailing Address

550 WEST REDSTONE AVE.

Suite, Apt. #, etc. **550 W. REDSTONE AVE.
 SUITE 200**

Suite, Apt. #, etc. **SUITE 200**

City & State

CRESTVIEW, FL

City & State

CRESTVIEW, FL

4. FEI Number

59-2456613

Applied For

Not Applicable

Zip

32536

Country

USA

Zip

32536

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOZIER, DAN
 125 W ROMANA STREET
 ONE PENSACOLA PLAZA SUITE 222
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **Daniel R. Lozier**
 Street Address (P.O. Box Number is Not Acceptable)
24 West Chase ST.
 City **Pensacola** FL Zip Code **32501**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Daniel R. Lozier Registered Agent

1/12/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		ADDRESS
STREET ADDRESS	550 W. REDSTONE AVE., SUITE 200	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		ADDRESS
STREET ADDRESS	550 W. REDSTONE AVE., SUITE 200	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		ADDRESS
STREET ADDRESS	550 W. REDSTONE AVE., SUITE 200	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		ADDRESS
STREET ADDRESS	550 W. REDSTONE AVE., SUITE 200	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 03/12/01

CR2E034 (10/00)