
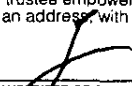


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # H28067 1. Entity Name CAMPBELL CRESTVIEW MEDICAL CLINIC, P.A.					
Principal Place of Business CRESTVIEW MEDICAL CLINIC 550 W REDSTONE AVE SUITE 200 CRESTVIEW, FL 32536 US			Mailing Address CRESTVIEW MEDICAL CLINIC 550 W REDSTONE AVE SUITE 200 CRESTVIEW, FL 32536 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2456613	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOZIER, DAN 24 WEST CHASE STREET PENSACOLA, FL 32501			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		TITLE		
NAME	CAMPBELL, WAYNE E		NAME		
STREET ADDRESS	550 W REDSTONE AVE SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP	U000000862419 04/03/08-80050-005 150.00	
TITLE	S		TITLE		
NAME	THIGPEN, LEE		NAME		
STREET ADDRESS	550 W REDSTONE AVE SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP		
TITLE	T		TITLE		
NAME	JOHNSON, JOHN T		NAME		
STREET ADDRESS	550 W REDSTONE AVE SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP		
TITLE	DV		TITLE		
NAME	CAMPBELL, DAVID M		NAME		
STREET ADDRESS	550 W REDSTONE AVE SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: * 			3/13/08 x850-682-6122		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		