


**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      Mailing Address


**CRESTVIEW MEDICAL CLINIC**      **CRESTVIEW MEDICAL CLINIC**  
**550 W REDSTONE AVE SUITE 200**      **550 W REDSTONE AVE SUITE 200**  
**CRESTVIEW, FL 32536 US**      **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



03032008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**59-2456613**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LOZIER, DAN**  
**24 WEST CHASE STREET**  
**PENSACOLA, FL 32501**

**7. Name and Address of New Registered Agent**

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, WAYNE E	
STREET ADDRESS	550 W REDSTONE AVE SUITE 200	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	S	<input type="checkbox"/> Delete
NAME	THIGPEN, LEE	
STREET ADDRESS	550 W REDSTONE AVE SUITE 200	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, JOHN T	
STREET ADDRESS	550 W REDSTONE AVE SUITE 200	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CAMPBELL, DAVID M	
STREET ADDRESS	550 W REDSTONE AVE SUITE 200	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. 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		

U00000862419  
04/03/08-80050-005 150.00

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:**       **3/12/08**      **x850-682-6122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #