

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H28067

FILED  
Apr 23, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2456613      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CAMPBELL, DAVID M  
716 ADAMS DR  
CRESTVIEW, FL 32536 US

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: DAVID M CAMPBELL      04/23/2010  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CAMPBELL, WAYNE E  
Address: 550 W REDSTONE AVE SUITE 200  
City-St-Zip: CRESTVIEW, FL 32536

Title: S  
Name: THIGPEN, LEE  
Address: 550 W REDSTONE AVE SUITE 200  
City-St-Zip: CRESTVIEW, FL 32536

Title: T  
Name: JOHNSON, JOHN T  
Address: 550 W REDSTONE AVE SUITE 200  
City-St-Zip: CRESTVIEW, FL 32536

Title: DV  
Name: CAMPBELL, DAVID M  
Address: 550 W REDSTONE AVE SUITE 200  
City-St-Zip: CRESTVIEW, FL 32536 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID M CAMPBELL      DV      04/23/2010  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date