## 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: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

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

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

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