

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90178 026 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2456613**

Applied For
 Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	DV	<input checked="" 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	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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/03

Date Daytime Phone #

CR2E034 (10/02)