

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90090 015 ***150.00

DOCUMENT # H68311

1. Entity Name
MEDICAL PROFESSIONAL AGENCY, INC.



Principal Place of Business
1717 NORTH E STREET
SUITE 320
PENSACOLA FL 32501
US

Mailing Address
1717 NORTH E STREET
SUITE 320 ATTN J KEHOE
PENSACOLA FL 32501
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2555835**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORTER, JOHN T
1717 NORTH E STREET
SUITE 320
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PORTER, JOHN	
STREET ADDRESS	1717 N. E ST STE 320	
CITY-ST-ZIP	PENSACOLA FL 35021	
TITLE	AS	<input type="checkbox"/> Delete
NAME	YADEN, DEBRA A	
STREET ADDRESS	1717 N. E ST STE 320	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARRIMAN, ROBERT	
STREET ADDRESS	1717 N E ST STE 320	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FELKNER, JOE	
STREET ADDRESS	1717 N. E ST STE 320	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Debra A. Yaden* **Debra A. Yaden Asst., Sec. 850/469-2339 4/7/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)