

**FILED**

07-20-2000 90017 017 \*\*\*150.00

### 1. Entity Name


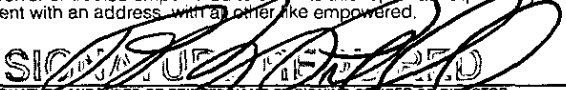
**RODNEY E. POWELL, M.D., P.A.**

R

A9068566



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O RODNEY E. POWELL 965 MAR WALT DR FORT WALTON BEACH FL 32547		Mailing Address C/O RODNEY E. POWELL 965 MAR WALT DR FORT WALTON BEACH FL 32547		A0068566  DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2649888	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  POWELL, RODNEY E 965 MAR WALT DR FORT WALTON BEACH FL 32547				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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD POWELL, RODNEY E. 11 BAY SHORE DR. SHALIMAR FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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13. 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 11 or Block 12 if changed, or on an attachment with an address with another like empowered.					
SIGNATURE: 		7-11-00			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

RODNEY E. POWELL, M.D., F.A.C.C.  
Cardiovascular Medicine

965 Mar Walt Drive

Fort Walton Beach, FL 32547

Phone (850) 862-6934

Attachment  
J07277  
ADDL68526

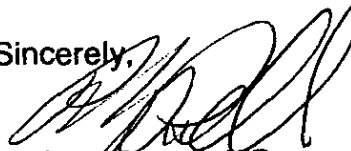
July 11, 2000

Florida Department of State  
Division of Corporations

To Whom It May Concern:

I did not receive any previous notice or mailing to file the Uniform Business Report. I contacted your office today and was instructed to send this form in immediately with a fee of \$150.00.

Sincerely,



Rodney Powell, MD