PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **J46855**



CHAS. A. HORAN, III, M.D. AND DAVID A. TURNER, M

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90148 015 ***150.00

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.D., P.A.								
Principal Place	e of Business	Mailing Address			<u>.</u>	- 1 100(1)(0 0)(1 8)(0)(0 0)(0) (0)(0) (0)(0)		0 0 1 0 1 3 10E3
5120 BAYOU BLVD.		5120 BAYOU BLVD.						
SUITE 1		SUITE 1				DO NOT WRITE IN THIS SPACE		
PENSACOLA FL 32503 PENSACOLA FL 32503						3. Date Incorporated or Qualifed	01 705	 -
						12/10/1986		1
2 Principal Pi	lace of Business	2a. Mailing Address			_	4. FEI Number		pplied For
	lace of business	26				59-2754065	⊢ +−	ot Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.						Additional
22	,	27	, , , , , , ,			5. Certifcate of Status Desired	Fee R	equired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cor	untry		8. This corporation owes the current year		_
24	25	29	30			Personal Property Tax.	XYes	□No
	9. Name and Address of Curr	ent Registered Agent		1		10. Name and Address of New Register	ed Agent	
MUD	IAN, CHAS A.			81	Name			
	BAYOU BLVD.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITI						<u>, </u>		
	SACOLA FL 32503			83				
LEIN	DACODA I C 02000			84	City		. 85 Zip	Code
			•	Ш		F		gistarad
office or re	enictored enent, or both, in the Sta	te of Florida. Such change was	: authorize	a ov n	ine corporatio	pration submits this statement for the purpose in's board of directors. I hereby accept the ap	or changing it pointment as r	egistered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Sta	tutes.	,	-		
SIGNATURE								Į.
SIGNATURE						DATE		
	Signature, typed or printed name of registered a				signature required		AND DIRECT	ORS IN 12
12.	OFFICERS .	AND DIRECTORS	13.		signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
12. TITLE	OFFICERS.		13. 1.1 ?		signature required			
12. TITLE NAME	P HORAN, CHAS A.	AND DIRECTORS	13. 1.1 T 1.2 N	ITLE IAME				
12. TITLE NAME STREET ADDRESS	P HORAN, CHAS A. 5120 BAYOU BLVD STE 1	AND DIRECTORS	13. 1.1 T 1.2 N 1.3 S	ITLE IAME	ADDRESS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORAN, CHAS A. 5120 BAYOU BLVD STE 1 PENSACOLA FL	AND DIRECTORS	13. 1.1 T 1.2 N 1.3 S	ITLE IAME STREET	ADDRESS			Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P HORAN, CHAS A. 5120 BAYOU BLVD STE 1 PENSACOLA FL ST	AND DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	ITLE IAME STREET	ADDRESS		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P HORAN, CHAS A. 5120 BAYOU BLVD STE 1 PENSACOLA FL ST TURNER, DAVID	AND DIRECTORS	13. 1.17 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	ITLE IAME STREET / STY-ST- TTLE IAME	ADDRESS		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P HORAN, CHAS A. 5120 BAYOU BLVD STE 1 PENSACOLA FL ST TURNER, DAVID 5120 BAYOU BLVD STE 1	AND DIRECTORS	13. 1.17 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	ITLE IAME STREET / STY-ST- TTLE IAME	ADDRESS - ZIP ADDRESS		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P HORAN, CHAS A. 5120 BAYOU BLVD STE 1 PENSACOLA FL ST TURNER, DAVID	AND DIRECTORS	13. 1.17 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	ITLE IAME STREET / TILE IAME STREET / CITY-ST	ADDRESS - ZIP ADDRESS		☐ Change	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P HORAN, CHAS A. 5120 BAYOU BLVD STE 1 PENSACOLA FL ST TURNER, DAVID 5120 BAYOU BLVD STE 1 PENSACOLA FL	AND DIRECTORS DELETE	13. 1.17 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.44 3.17 3.2N	ITLE IAME STREET / STREET / STREET / CITY-ST TILE IAME STREET / CITY-ST	ADDRESS - ZIP ADDRESS		☐ Change	Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP