

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 13 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J89914 (2)
1. Corporation Name
PHYSICIANS' HOME CARE OF NORTHWEST FLORIDA, INC.

Principal Place of Business: 922 MAR WALT DR.
SUITE 100
FORT WALTON BEACH FL 32547
Mailing Address: 922 MAR WALT DR.
SUITE 100
FORT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/28/1987
3a. Date of Last Report: 03/14/1994

4. FBI Number: 59-2838602
Applied For: Not Applicable

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

6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32548

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JOHN	1.2 NAME	
STREET ADDRESS	924 MAR WALT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BURKLAND, DAVID	2.2 NAME	
STREET ADDRESS	1005 MAR WALT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, WARREN A.	3.2 NAME	
STREET ADDRESS	1000 SUNSET LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ESPY, STEVEN	4.2 NAME	
STREET ADDRESS	922 MAR WALT DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE: WARREN A. PHILLIPS 3-1-95 (PRK) 864-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR