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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:11

DOCUMENT # **K82132** **(7)**

1. Corporation Name

PROFESSIONAL MEDICAL ASSOCIATES OF NORTHWEST FLO RIDA, INC.

Principal Place of Business	Mailing Address
% CHRIS CADENHEAD 420 E. PINE ST., P.O. BOX 727 CRESTVIEW FL 32536	% CHRIS CADENHEAD 420 E. PINE ST., P.O. BOX 727 CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1989
3a. Date of Last Report: 04/01/1994

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

4. FEI Number: 59-2931122 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

CADENHEAD, CHRIS
420 EAST PINE ST
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail/fax)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	☑ Change ☐ Addition	
NAME	KELLEY, TOMMY	12 NAME		
STREET ADDRESS	RR 2 BOX 259 F	13 STREET ADDRESS	5150 So FERDON BLVD	
CITY ST ZIP	FREEPORT FL	14 CITY ST ZIP	CRESTVIEW, FL 32536-9258	
TITLE	DS	21 TITLE	☑ Change ☐ Addition	
NAME	ENFINGER, NANCY	22 NAME		
STREET ADDRESS	1078 S FERDON BLVD	23 STREET ADDRESS	5150 So. FERDON BLVD	
CITY ST ZIP	CRESTVIEW FL	24 CITY ST ZIP	CRESTVIEW, FL 32536-9258	
TITLE	DVT	31 TITLE	☐ Change ☐ Addition	
NAME	ROSS, LEO A	32 NAME	DELETE	
STREET ADDRESS	1078 S FERDON BLVD	33 STREET ADDRESS		
CITY ST ZIP	CRESTVIEW FL	34 CITY ST ZIP		
TITLE	DVT	41 TITLE	☑ Change ☐ Addition	
NAME	LEO, A. ROSS	42 NAME		
STREET ADDRESS	1078 S. FERDON BLVD.	43 STREET ADDRESS	5150 So FERDON BLVD	
CITY ST ZIP	CRESTVIEW FL	44 CITY ST ZIP	CRESTVIEW, FL 32536-9258	
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 attachment with an address.

SIGNATURE: A. Ross Leo A. Ross Leo V.P./TREAS. 4-10-95 904-682-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0380385 CP