

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/20/1989

3a. Date of Last Report

04/13/1995

4. FEI Number

59-2931122

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

10. Name and Address of New Registered Agent

CADENHEAD, CHRIS  
420 EAST PINE ST  
CRESTVIEW FL 32536

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 607.0532 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 of person or persons authorized to register agent and the corporation

(The Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME KELLEY, TOMMY  
STREET ADDRESS 5150 SO FERDON BLVD  
CITY-ST-ZIP CRESTVIEW FL

☐ DELETE

TITLE DS  
NAME ENFINGER, NANCY  
STREET ADDRESS 5150 SO. FERDON BLVD  
CITY-ST-ZIP CRESTVIEW FL

☐ DELETE

TITLE DVT  
NAME LEO, A. ROSS  
STREET ADDRESS 5150 SO FERDON BLVD  
CITY-ST-ZIP CRESTVIEW FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

700001879837  
-06/28/96--01108--002  
\*\*\*225.00

06-28-96 OK

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 199.07(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 617, 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 6-10-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

904-682-7277

Daytime Phone

CR2E034 (3/96)