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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996			DIVISION OF CORPORATIONS			NS			
DOCUM 1. Corporation	MENT #	L59553	(2)						
		OONEY, M.D., P.,	Α,						
VI 11 11 11	contine in	g great property 1 "	•						
Principal Place	of Business		Mailing Address					#HI DIBH DIBH <b>Dib</b>	<b>                                    </b>
6330 N DAVIS HWY			6330 N DAVIS HWY						
PENSACOLA			PENSACOLA FL 32504						
							3. Date Incorporated or Qualified 03/19/1990	3a. Date of La 04/26	st Report 5/1995
	ace of Business	<b> </b>	a. Mailing Address				4. FEI Number 59-3000119		Applied For Not Applicable
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8	3.75 Additional
22		27	<u> </u>						Fee Required
City & State	e	28	City & State				6. Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be Added to Fees
Zφ	<b>├</b> 1	entry	- Ζφ Ι	Cour	ntry		This corporation has liability for in Florida Statutes      Yes		ler s 199.032,
24	25 9. Name and Ad	29 dress of Current Regi		30			Florida Statutes Yes  10. Name and Address of New Re		t
		-, <b>-</b>	<b>F</b>		61	Name			
	EY, CHARLES DAM	NEL			82	Street Addr	ess (P.O. Box Number is Not Acceptable	)	
	I DAVIS HWY COLA FL 32504				83				
PENSA	CULA FL 32304				0.4				Zip Code
					84	City	ation submits this statement for the purp	FL 85	,
familiar wi	ith, and accept the ob	aligations of, Section 60 aris of registered agent and title	7.0505, Florida Statutes	Ir Rogisterosa		it bailenat his textime a	rd of directors. Thereby accept the appointment of the Appointment of the Appointment of the Applitions/Crianges to OFFic	DATÉ	
12. Title		OFFICERS AND DIRE	CTORS DELETE	13. 1 1 lid	TLF	I · · ·	AUDITIONS/OFIANGES TO OFFIC	Cus AND DING	
NAME	, -	ARLES DANIEL		1.2 NA	ME				
STREET ADDRESS	6330 N DAVIS			13 ST	HEET	ADDRESS			
City-S1-ZiP	PENSACOLA	<u>FL</u>	DELETE	14 CF 2 1 H		1-71P		☐ Ch.	F7 4400
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STREET ADDRESS					ME	<b>I</b>		L	ange 🗌 Addition
CHY-S1-ZIP				1		ADDRESS		<u> </u>	ange 🔲 Addition
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#15#3E			☐ DEFETE	23 STI 24 CII 3 1 TI	REET IY-S IILE			[_] Ch	
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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 triat my signature shall have the same logal 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 in channed, or on an attachment with an address.

IGNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: