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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M97155 (9)

1. Corporation Name
NICHOLAS E. SHOLTY, M.D., P.A.



Principal Place of Business
905 W. MORENO ST.
PENSACOLA FL 32501

Mailing Address
905 W. MORENO ST.
PENSACOLA FL 32501-2314

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified 08/31/1988
3a. Date of Last Report 03/08/1996
4. FEI Number 59-2905306
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

SHOLTY, NICHOLAS E.
905 W. MORENO STREET
PENSACOLA FL 32501

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 607.1505, 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 of said firm and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

Table with 12 rows for Officers and Directors. Row 1: D SHOLTY, NICHOLAS E., 905 W. MORENO STREET, PENSACOLA FL. Includes fields for Title, Name, Street Address, City, State, Zip.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, City, State, Zip.

14. I, the undersigned, 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 and facts 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 a director or officer 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: [Signature] 3-4-97 904-432-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day's Period

CR2E034 (9/96)