


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02974** (6)
1. Corporation Name
DAVIS PARK MEDICAL ASSOCIATION OF PENSACOLA, INC

Principal Place of Business 5500 N. DAVIS HWY. STE. #4 P. O. BOX 30410 PENSACOLA FL 32503	Mailing Address 5500 N. DAVIS HWY. STE. #4 P. O. BOX 30410 PENSACOLA FL 32503
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3. Date Incorporated or Qualified 05/08/1984	Applied For 59-2498008	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, THOMAS L.
5500 N. DAVIS HWY.
STE. 4
PENSACOLA FL 32503**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, THOMAS L., M.D.	
STREET ADDRESS	5500 N. DAVIS HWY. STE 4	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLYNN, DONNA	
STREET ADDRESS	5500 N. DAVIS HWY. STE 2	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHANG, STEVEN J., M.D.	
STREET ADDRESS	5500 N. DAVIS HWY. STE 3	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PACKARD, RUSSELL, M.D.	
STREET ADDRESS	5500 N. DAVIS HWY. STE 1	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIES, ROBERT T R.P.H.	
STREET ADDRESS	5498 DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby 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 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: *[Signature]* **QUINTE D/13/98**

CP2E037 (10/97)