

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

3/

FILED
May 24, 2002 8:00 am
Secretary of State

03-26-2002 90063 028 ****61.25

DOCUMENT # *N02974*

1. Entity Name

DAVIS PARK MEDICAL ASSOCIATION OF PENSACOLA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5500 N. Davis Highway

3. Mailing Address

P.O. Box 30038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

59-2498008

Applied For

Not Applicable

Zip 32503

Country USA

Zip 32504

Country USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Carol Wilkes, CPM

Street Address (P.O. Box Number is Not Acceptable)
220 W. Garden St.

Suite 303

City Pensacola

FL

Zip Code 32501

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

D/P
Sarkhoche, Joumana, Dr.
5500 N. Davis Highway, Suite 3
Pensacola, FL 32503

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

D/VP
Garg, R., Dr.
5553 Highway 90
Pace, FL 32571

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

D/Sec-Treas
Huffman, Roger
400 W. Garden Street
Pensacola, FL 32501

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER HUFFMAN

Date

Daytime Phone #

3/7/02

(850) 436-7846

CR2E034B (12/01)