

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02974

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** DAVIS PARK MEDICAL ASSOCIATION OF PENSACOLA, INC.

**Current Principal Place of Business:**

5500 N. DAVIS HWY  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

4400 BAYOU BLVD  
STE 35  
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number:** 59-2498008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LONGWELL, TINA  
4400 BAYOU BLVD  
STE 35  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SARKHOCHÉ, M.D., JOUMANA  
Address: 5500 N. DAVIS HWY., STE 3  
City-St-Zip: PENSACOLA, FL 32503

Title: DVP ( ) Delete  
Name: GARG, R. DR.  
Address: 5553 HIGHWAY 90  
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete  
Name: WATSON, GARY  
Address: 4400 BAYOU BLVD #15  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOUMANA SARKHOCHÉ, M.D.

DP

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date