

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:15

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # N15351 (2)

1. Corporation Name

MEDICAL ASSISTANCE CENTER, INC.

Principal Place of Business

Mailing Address

C/O JAMES M. WILSON  
307 S. PALAFOX STREET  
PENSACOLA FL 32501

307 S. PALAFOX ST.  
PENSACOLA FL 32501  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1986

3a. Date of Last Report

07/08/1994

4. FEI Number

59-2956949

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1613 BERRY HILL RD

22 City & State

27 Suite, Apt. #, etc.

23 Zip

28 MILTON, FL.

24 Country

29 32570

25

30 SANTA ROSA

26

31

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, JAMES M.  
307 S. PALAFOX ST.  
% WILSON, HARRELL & SMITH P.A.  
PENSACOLA FL 32501

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                    |
|-----------------|--------------------|
| TITLE           | DS                 |
| NAME            | MCLEOD, PAUL       |
| STREET ADDRESS  | 1613 BERRYHILL RD. |
| CITY - ST - ZIP | MILTON FL          |
| TITLE           | D                  |
| NAME            | SUTTON, E.W.       |
| STREET ADDRESS  | 503 N. STEWART ST. |
| CITY - ST - ZIP | MILTON FL          |
| TITLE           | D                  |
| NAME            | HEVIA, TODD        |
| STREET ADDRESS  | 515 PARK AVENUE SW |
| CITY - ST - ZIP | MILTON FL          |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 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 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)(b), 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 appointment with an address.

SIGNATURE: *Paul McLeod* (PAUL MCLEOD)

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

Date

Signature (Block 8)