

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15587 (1)

1. Corporation Name

MEDICAL EDUCATION COUNCIL OF PENSACOLA, INC.



Principal Place of Business

Mailing Address

MEDICAL EDUCATIONAL COUNCIL
5151 NORTH NINTH AVE
PENSACOLA FL 32504
US5151 N 9TH AVENUE
5151 NORTH NINTH AVENUE
PENSACOLA FL 32504-8721
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

06/18/1986

3a. Date of Last Report

05/30/1996

4. FEI Number

59-2699473

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERRI SOX
5151 NORTH NINTH AVENUE
PENSACOLA FL 32504

81 Name

Linda Roush

82 Street Address (P.O. Box Number is Not Acceptable)

5151 North Ninth Avenue

83

84 City

Pensacola

FL

85 Zip Code
32504

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.

Linda Roush, Medical Education Manager

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WHITCOMB, JOHN	
STREET ADDRESS	5151 N. NINTH AVENUE	
CITY-ST-ZIP	PENSACOLA FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Madden, Patrick	
1.3 STREET ADDRESS	5151 N NINTH AVE	
1.4 CITY-ST-ZIP	Pensacola FL 32504	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCPHAIL, RONALD	
STREET ADDRESS	8383 N. DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brandt, Stephen	
2.3 STREET ADDRESS	8383 N Davis Hwy	
2.4 CITY-ST-ZIP	Pensacola FL 32514	

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SOX, TERRI	
STREET ADDRESS	5151 N. NINTH AVENUE	
CITY-ST-ZIP	PENSACOLA FL	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Torres, Adelaida	
3.3 STREET ADDRESS	4800 N Ninth Av	
3.4 CITY-ST-ZIP	Pensacola FL 32503	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAUSCH, JOHN	
STREET ADDRESS	8383 N. DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lehmann, Dale	
4.3 STREET ADDRESS	8333 N Davis Hwy	
4.4 CITY-ST-ZIP	Pensacola FL 32514	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCONNELL, C. FENNER	
STREET ADDRESS	5151 N. NINTH AVE.	
CITY-ST-ZIP	PENSACOLA FL	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bell, William R.	
5.3 STREET ADDRESS	5151 N 9th Av	
5.4 CITY-ST-ZIP	Pensacola, FL 32504	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	Roush, Linda	
STREET ADDRESS	5151 N Ninth Avenue	
CITY-ST-ZIP	Pensacola FL 32504	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hybart, John	
6.3 STREET ADDRESS	5151 N 9th Av	
6.4 CITY-ST-ZIP	Pensacola, FL 32504	

14. I do 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:

C. Fenner McConnell, M.D.

08 Jan 97

904/416-7780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072660

CR2E037 (9/96)