

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90092 012 ****61.25

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DOCUMENT # N15587

1. Corporation Name

MEDICAL EDUCATION COUNCIL OF PENSACOLA, INC.

Principal Place of Business

MEDICAL EDUCATIONAL COUNCIL
5151 NORTH NINTH AVE
PENSACOLA FL 32504
US

Mailing Address

5151 N 9TH AVENUE
PENSACOLA FL 32504
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/18/1986

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 Fees

9. Name and Address of Current Registered Agent

MCCONNELL, C F M.D.
5151 N NINTH AVE
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name

BAROCO, PAUL M.D.F.

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

5151 N 9th AV

83

PENSACOLA

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

Paul Baroco, M.D.

Secretary/Treasurer

January 7, 1999

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETED
NAME
MADDEN, PATRICK
STREET ADDRESS
5151 N. NINTH AVE.
CITY-ST-ZIP
PENSACOLA FL 32504TITLE ☐ DELETED
NAME
BRANDT, STEPHEN
STREET ADDRESS
8383 N. DAVIS HWY.
CITY-ST-ZIP
PENSACOLA FL 32514TITLE ☐ DELETED
NAME
TORRES, ADELAIDA
STREET ADDRESS
4800 N. NINTH AVE.
CITY-ST-ZIP
PENSACOLA FL 32503TITLE ☐ DELETED
NAME
BAROCO, PAUL
STREET ADDRESS
5151 N NINTH AVE
CITY-ST-ZIP
PENSACOLA FL 32504TITLE ☐ DELETEDP
NAME
MCPHAIL, RONALD
STREET ADDRESS
8383 N DAVIS HWY
CITY-ST-ZIP
PENSACOLA FL 32514TITLE ☐ DELETED
NAME
HYBART, JOHN
STREET ADDRESS
5151 N 9TH AV
CITY-ST-ZIP
PENSACOLA FL 32504

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

January 7, 1999

(850) 416-6557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)