

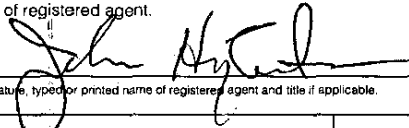
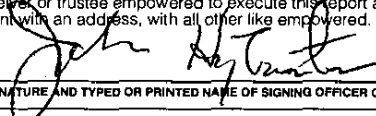


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90022 041 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                                                                                                        |                                                                                                                                                         |                                                                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N15587</b><br>1. Entity Name<br><b>MEDICAL EDUCATION COUNCIL OF PENSACOLA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                         |                                                                                                                        |                                                                                                                                                         |                                                                                                                                       |  |
| Principal Place of Business<br><b>MEDICAL EDUCATIONAL COUNCIL</b><br><del>529 FONTAINE STREET</del><br><b>PENSACOLA, FL 32503 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                        | Mailing Address<br><b>MEDICAL EDUCATIONAL COUNCIL</b><br><del>529 FONTAINE STREET</del><br><b>PENSACOLA, FL 32503 US</b>                                |                                                                                                                                                                                                                        |  |
| 2. Principal Place of Business<br><b>8880 University Parkway</b><br>Suite, Apt. #, etc. <b>Suite C</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         | 3. Mailing Address<br><b>Same</b><br>Suite, Apt. #, etc.                                                               |                                                                                                                                                         |                                                                                                                                      |  |
| City & State<br><b>PENSACOLA FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         | City & State                                                                                                           |                                                                                                                                                         | 4. FEI Number<br><b>59-2699473</b>                                                                                                                                                                                     |  |
| Zip<br><b>32514</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         | Country<br><b>USA</b>                                                                                                  |                                                                                                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><b>HYBART, JOHN MD</b><br><del>529 FONTAINE ST</del> <b>8880 University Parkway Ste C</b><br><b>PENSACOLA, FL 32503 32514</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                                                        |                                                                                                                                                         | 7. Name and Address of New Registered Agent<br>Name <b>Same</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8880 University Parkway Ste C</b><br>City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32514</b> |  |
| 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                                                                                                                        |                                                                                                                                                         |                                                                                                                                                                                                                        |  |
| SIGNATURE  <span style="float: right;">8/17/04</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                                                                                                                        |                                                                                                                                                         |                                                                                                                                                                                                                        |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                         | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                     |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                         |                                                                                                                        |                                                                                                                                                         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><del>MADDEN, PATRICK</del><br>5151 N. NINTH AVE.<br>PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | D Paul McLeod, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>8880 University Parkway Ste A<br>Pensacola, FL 32514  |                                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D <del>TAYLOR, DENNIS</del> <input checked="" type="checkbox"/> Delete<br>8383 N. DAVIS HWY.<br>PENSACOLA, FL 32514     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | D Louis Perillo, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>8383 N. Davis Highway<br>Pensacola, FL 32514        |                                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D TORRES, ADELAIDA <input type="checkbox"/> Delete<br>4800 N. NINTH AVE.<br>PENSACOLA, FL 32503                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |                                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D BAROCO, PAUL <input type="checkbox"/> Delete<br>5151 N NINTH AVE<br>PENSACOLA, FL 32504                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |                                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP HYBART, JOHN <input type="checkbox"/> Delete<br>5151 N 9TH AV<br>PENSACOLA, FL 32504                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | DP Hybart John, MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>8880 University Parkway Ste C<br>Pensacola, FL 32514 |                                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D JACOBI, DONNA <input type="checkbox"/> Delete<br>8383 N DAVIS HWY<br>PENSACOLA, FL 32514                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | D Jacobi, Donna, MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1310 Hound Chase Circle<br>Pensacola, FL 32514      |                                                                                                                                                                                                                        |  |
| 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                         |                                                                                                                        |                                                                                                                                                         |                                                                                                                                                                                                                        |  |
| SIGNATURE:  <span style="float: right;">8/17/04</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                                                                                                                        |                                                                                                                                                         |                                                                                                                                                                                                                        |  |



Attachment  
24080961  
Division of Corporations

## Annual Report

Page 1

Document Number

N15587

Business Entity Name

MEDICAL EDUCATION COUNCIL OF PENSACOLA, INC.

FEI Number

592699473

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

## Principal Place of Business

Address

MEDICAL EDUCATIONAL COUNCIL

Suite, Apt. #, etc.

8880 University Parkway, Suite C

City, State

PENSACOLA

FL

Zip Code &amp; Country

32514

US

## Mailing Address

Address

MEDICAL EDUCATIONAL COUNCIL

Suite, Apt. #, etc.

8880 University Parkway, Suite C

City, State

PENSACOLA

FL

Zip Code &amp; Country

32514

US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

HYBART

JOHN

MD

-or- RA Business Name

Address

8880 University Parkway, Suite C

Suite, Apt. #, etc.

City, State

PENSACOLA

FL

Zip Code &amp; Country

32514

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



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24082961  
Division of Corporations

## Annual Report

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Business Entity Name

MEDICAL EDUCATION COUNCIL OF PENSACOLA, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name

Attachment  
# N15587  
21080961

|                                   |                         |       |  |
|-----------------------------------|-------------------------|-------|--|
| Street Address                    | 5151 N. 9th Avenue      |       |  |
| City, State                       | PENSACOLA               | FL    |  |
| Zip Code & Country                | 32504                   |       |  |
| Title                             | Dr.                     |       |  |
| Name (Last, First, Middle, Title) | Perillo                 | Louis |  |
| -or- Entity Name                  |                         |       |  |
| Street Address                    | 8383 N. Davis Highway   |       |  |
| City, State                       | PENSACOLA               | FL    |  |
| Zip Code & Country                | 32514                   |       |  |
| Title                             | D                       |       |  |
| Name (Last, First, Middle, Title) | JACOBI                  | DONNA |  |
| -or- Entity Name                  |                         |       |  |
| Street Address                    | 1310 Hound Chase Circle |       |  |
| City, State                       | PENSACOLA               | FL    |  |
| Zip Code & Country                | 32514                   |       |  |

☒ List more than six Officers/Directors ☐ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

|                            |             |
|----------------------------|-------------|
| Title                      | Dr.         |
| Officer/Director Signature | John Hybart |

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Attachment  
24080961  
Division of Corporations

Annual Report

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Document Number

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Please enter additional Officers/Directors below.

Name and Title   
Address 1   
Address 2   
City, State Zip

Name and Title   
Address 1   
Address 2   
City, State Zip

Name and Title   
Address 1   
Address 2   
City, State Zip

Name and Title   
Address 1   
Address 2   
City, State Zip

Name and Title   
Address 1   
Address 2   
City, State Zip

Name and Title   
Address 1   
Address 2

Attachment  
24680961  
#N15587

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                              |                                                                              |
|-------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Cynthia Ayers<br>8383 N. Davis Highway<br>Pensacola, FL 32514           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Nina Clark<br>8383 N. Davis Highway<br>Pensacola, FL 32514              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Robert Wilson, MD<br>3651 McClelland Rd<br>Pensacola, FL 32503          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Daniel Doty, MD<br>5151 N. 9th Ave.<br>Pensacola, FL 32504              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Bayard Miller, MD<br>550 Redstone Ave. Suite 200<br>Crestview, FL 32536 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |