FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

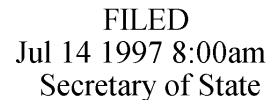
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

(8)

NORTHWEST FLORIDA OBSTETRICAL AND GYNECOLOGICAL





Principal Place of Business Mailing Address								I (BBATHU) DAN (1807) ATNIK 18870 1914		JI 613 11 518 11 1)
% B. L. STALNAKER SO45 CARPENTER CREEK 5045 CARPENTER CREEK PENSACOLA FL 32503-2521 PENSACOLA FL 32503 US									·•		
US								3. Date Incorporated or Qualified 07/09/1986	3a. Dat	e of Last R 01/31/19	ieport }96
2. Principal Place of Business 21				2a. Mailing Address				4. FÉI Number 59-2691046	· ·	\rightarrow	oplied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.							Additional
22		27					5. Certificate of Status Desired		—	equired	
City & State				City & State				6. Election Campaign Financing		\$5.00	May Be
23			28				· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		Added t	to Fees
Zip	· - 			Zip Counti			,	8. This corporation has liability for intangible tax under s. 199.032,			
24	9, Name and A	red Agent	30	ı		Florida Statutes					
	<u> </u>					81	Name	Harris mire Consider of 1104 11	P. VIVIOU A	, , , , ,	
STALNAKER, B. L. 5045 CARPENTER CREEK DR.						82	Street Add	Address (P.O. Box Number is Not Acceptable)			
						62	Street Add	oress (P.O. Box Number is Not Acceptable)			
PENSAC	COLA FL 32503					83					
						84	City			85 Zip (Code
					 	<u>L</u>			FL	11	•
11. Pursuant office or r agent. I a	to the provisions of registered agent, or im familiar with, and	Sections 617.0502 a both, in the State of accept the obligation	ing 617 Florida ins of, l	7.1508, Florida Statu I. Such change was Section 617.0503, Fl	tes, the a authorize orida Stat	bove d by tutes	e-named corp the corpora s.	poration submits this statement for the tion's board of directors. I hereby acce	ourpose of o pt the appo	shanging its intment as	s registered registered
SIGNATURE											
· · · · · · · · · · · · · · · · · · ·							ent signature requi	ared when reinstalling)	DATE	DIPEDTOE	
TITLE	PD	OFFICERS AND L	JIHEUT	DELETE	13.	TIE		ADDITIONS/CHANGES TO OFFI		☐ Change	Addition
NAME	STALNAKER,	R I.		beerie	1.2 N					Unlange	L Addition
STREET ADDRESS		ITER CREEK DR.					ADDRESS				
CITY-ST-ZIP	PENSACOLA				1.4 CI						
TITLE	\$TD			☐ DELETÉ	2.1 Ti					Change	Addition
NAME	PAEDAE, DEN	INIS C.			2.2 N	AME					
STREET ADDRESS		ITER CREEK DR.			2.3 \$1	TREET	ADDRESS				ł
CITY-ST-ZIP	PENSACOLA	FL			2.40	ITY-S	ST-ZIP				
TITLE	D			DELETE	3.1 TI				1	Change	Addition
NAME	KASTEN, MIC				3.2 N/						
STREET ADDRESS		iter Creek Dr					ADDRESS				
CITY-ST-ZIP TITLE	PENSACOLA	r <u>L</u>		DELETE	3.4. C		ST-ZIP			Change	Addition
NAME				□ vetete	4.1 II 4.2 N				L] Change	☐ Addition
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					4.3 SI						
TITLE				☐ DELETE	5.1 11		1-411		Г	Change	Addition
NAME				-	5.2 NA				•		
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					5.4 CI						İ
TITLE				☐ DELETE	6.1 TI					Change	Addition
NAME :					6.2 NA	ME					Į
STREET ADDRESS					6.3 ST	REET	ADDRESS				ŀ
CITY-ST-7IP					64.01	TV_C	dic 1				

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 exproration or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 33 if changed, or on an altrachment with an address.