



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90044 025 ***150.00

DOCUMENT # P00000062744					
1. Entity Name PANHANDLE MEDICAL SERVICES OF PENSACOLA, INC.					
Principal Place of Business 4400 BAYOU BLVD, STE 16C PENSACOLA, FL 32504			Mailing Address 4400 BAYOU BLVD, STE 16C PENSACOLA, FL 32504		
2. Principal Place of Business 4901 GRANDE DR. Suite, Apt. #, etc.		3. Mailing Address 4901 GRANDE DR. Suite, Apt. #, etc.			
City & State PENSACOLA, FL		City & State PENSACOLA, FL		02232004 Chg-P CR2E034 (10/03)	
Zip 32504		Country US		4. FEI Number - 59-3659450 -	
City & State PENSACOLA, FL		City & State PENSACOLA, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, JAMES S 3 W GARDEN ST, STE 700 PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name MANUEL F. SIVERIO Street Address (P.O. Box Number is Not Acceptable) 4901 GRANDE DR. City PENSACOLA FL Zip 32504		
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: <u>M.F. SIVERIO</u> M.F. SIVERIO 2/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIVERIO, MANUEL F 4400 BAYOU BLVD, STE 16C PENSACOLA, FL 32504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4901 GRANDE DR. PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, SANDRA P 4400 BAYOU BLVD, STE 16C PENSACOLA, FL 32504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4901 GRANDE DR. PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: <u>M.F. SIVERIO</u> M.F. SIVERIO 2/23/04 850 478-1312 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					