

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90173 046 \*\*\*150.00

DOCUMENT # P01000005202

1. Entity Name  
SEA OATS MEDICAL CLINIC, INC.



Principal Place of Business  
2633 HWY 77 STE B  
PANAMA CITY, FL 32405

Mailing Address  
2633 HWY 77 STE B  
PANAMA CITY, FL 32405

**50047754**



2. Principal Place of Business

**508 AIRPORT RD**  
Suite, Apt. #, etc.  
**Cir**

3. Mailing Address

**SAA**  
Suite, Apt. #, etc.

04272005 Chg-P CR2E034 (10/03)

City & State

**PANAMA CITY FL**  
Zip **32405** County **Bay**

City & State

Zip

Country

4. FEI Number  
59-3674825

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEAS, JAMES D  
4440 VISTA LANE  
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete  
NAME DEAS, JAMES D  
STREET ADDRESS 4440 VISTA LANE  
CITY-ST-ZIP LYNN HAVEN, FL

TITLE VS ☐ Delete  
NAME DEAS, JOSHUA A  
STREET ADDRESS 4440 VISTA LANE  
CITY-ST-ZIP LYNN HAVEN, FL

TITLE PT ☐ Delete  
NAME DEAS, JAMES D  
STREET ADDRESS P.O. BOX 15969  
CITY-ST-ZIP PANAMA CITY, FL 324065969

TITLE VS ☐ Delete  
NAME DEAS, JOSHUA A  
STREET ADDRESS P.O. BOX 15969  
CITY-ST-ZIP PANAMA CITY, FL 324065969

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **3951 GRANAA CIRCLE**  
STREET ADDRESS **CHIPLEY FL 32426**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **SAA**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/05 850-769-8624**