


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 25, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000024026 1. Entity Name PANHANDLE FAMILY MEDICINE, P.A.	
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Principal Place of Business 877 3RD STREET SUITE #4 CHIPLEY, FL 32428	Mailing Address 877 3RD STREET SUITE #4 CHIPLEY, FL 32428
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04182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3612113	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HATCHER, AYSHIA 877 3RD STREET, #4 CHIPLEY, FL 32428
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<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100000533364 05/06/06-80121-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HATCHER, JASON 721 5TH STREET CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HATCHER, AYSHIA S 721 5TH STREET CHIPLEY, FL 32428
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **4/24/06** **8506384555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #