2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 18, 2005 08:00 AM Secretary of State DOCUMENT # P02000093495 PANHANDLE FAMILY CARE ASSOCIATES, INC Principal Place of Business Mailing Address 4284 KELSON AVE. MARIANNA FL 32446 4284 KELSON AVE. MARIANNA FL 32446 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite. Apt # etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 42-1535274 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPENCE, JOHN À Street Address (P.O. Box Number is Not Acceptable) 2855 MAGNOLIA BLOSSOM LANE MARIANNA FL 32446 Zip Code 8. The above named entity submits this systement 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 (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, Delete BILLE ☐ Change ☐ Addition HILF AKERSON, MARK E NAME NAME 1300000268866 5213 OAK DR. STREET ADDRESS STREET ADDRESS 03/18/05-80061-002 150.00 CITY-ST-ZIP MARIANNA FL 32446 DITY-ST-ZIP ☐ Change Addition THE ☐ Delete SPENCE, JOHN A NAME NAME STREET ADDRESS 2855 MAGNOLIA BLOSSOM LANE STREET ADDRESS MARIANNA FL 32446 CHY-ST-ZIP CITY-ST-ZIP TOTALE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CitY-St-ZIP ☐ Addition TITLE Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7/P CITY-ST-ZIP ☐ Delete ☐ Addition DILLE Tritt Change NAME NAME STREET ADDRESS 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.

Tohn Spence, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

FILED

Daytone Phone #