2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004
Secretary of State

DOCUMENT# P03000016330

Entity Name: MEDICAL CARE CENTER OF FORT WALTON BEACH, INC.

Current Principal Place of Business:

66 CIRCLE DRIVE
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

66 CIRCLE DRIVE
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 86-1052391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTCHINS, C. THOMAS
66 CIRCLE DRIVE
DEFUNIAK SPRINGS, FL 32435

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HUTCHINS, C. THOMAS
Address: 66 CIRCLE DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. THOMAS HUTCHINS D 05/27/2004

Electronic Signature of Signing Officer or Director Date