

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016330

FILED
May 05, 2007
Secretary of State

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

Current Principal Place of Business:

625 BALDWIN ROAD
SUITE C
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

PO BOX 1568
LYNN HAVEN, FL 32444

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
625 BALDWIN ROAD
SUITE C
PANAMA CITY, FL 32405 US

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: PRES () Delete
Name: HUTCHINS, C. THOMAS
Address: 625 BALDWIN ROAD, SUITE C
City-St-Zip: PANAMA CITY, FL 32405

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 exemption stated 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 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

PRES

05/05/2007

Electronic Signature of Signing Officer or Director

Date