

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2008 8:00 am**  
**Secretary of State**

07-18-2008 90015 050 \*\*\*550.00

600402



07092008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0407066

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	MONTIEL, DAVID C MD
STREET ADDRESS	8383 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	MOORE, THOMAS S MD
STREET ADDRESS	8383 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	DVS
NAME	NOYES, DANIEL S D.O.
STREET ADDRESS	8383 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	PAYNE, JOHN H III
STREET ADDRESS	8383 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	WILLIAMS, TERRY D M.D.
STREET ADDRESS	8383 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #