

DOCUMENT # P93000035485

1. Entity Name

GARRY G. BANKS, M.D., P.A.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90006 031 ***150.00

Principal Place of Business: 550-C TWIN CITIES BLVD. NICEVILLE FL 32578
Mailing Address: 550-C TWIN CITIES BLVD. NICEVILLE FL 32578-1049



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1001 W. College Blvd Suite G
3. Mailing Address: 1001 W College Blvd Suite G

City & State: Niceville, FL
Zip: 32578
Country: [Blank]

4. FEI Number: 59-3170549
5. Certificate of Status Desired: [Blank]
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: BANKS, GARRY G, 550-C TWIN CITIES, NICEVILLE FL 32578

7. Name and Address of New Registered Agent: Name: [Blank], Street Address: 1001 W. college Blvd. Suite G, City: [Blank], FL, Zip Code: [Blank]

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.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) [Blank]

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [Blank] \$5.00 May Be Added to Fees

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: P, BANKS, GARRY G, 550-C TWIN CITIES BLVD., NICEVILLE FL 32578.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: [Blank], [Blank], 1001 W. college Blvd, Suite G, [Blank]. Includes Change/Addition checkboxes.

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other titles empowered.

SIGNATURE: [Signature] 2/16/00 Date 8:50-678-7676 Daytime Phone #