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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

0057939

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90096 009 \*\*\*150.00

DOCUMENT # P94000001521

1. Corporation Name

SUELLYN VANDERSLICE, PH.D., P.A.



Principal Place of Business  
467 GRACE AVE  
PANAMA CITY FL 32401  
US

Mailing Address  
467 GRACE AVE  
PANAMA CITY FL 32401  
US

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Zip

29

Country

25

Country

30

9. Name and Address of Current Registered Agent

MCCAULEY, CARROLL L  
36 OAK AVENUE  
PANAMA CITY FL 32401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

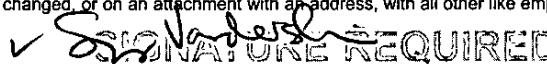
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPO	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERSLICE, SUELLYN		1.2 NAME
STREET ADDRESS	467 GRACE AVE		1.3 STREET ADDRESS
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2. NAME
STREET ADDRESS			3.3. STREET ADDRESS
CITY-ST-ZIP			3.4. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2. NAME
STREET ADDRESS			4.3. STREET ADDRESS
CITY-ST-ZIP			4.4. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2. NAME
STREET ADDRESS			5.3. STREET ADDRESS
CITY-ST-ZIP			5.4. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2. NAME
STREET ADDRESS			6.3. STREET ADDRESS
CITY-ST-ZIP			6.4. CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/99

(850) 785-5305

Date

Daytime Phone #

CRF024 (11/91)