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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400003464 (2) 1. Corporation Name							
, ,	E. NICOLAI, M.D., P.A.	•	•		1 18811261 3:8 18112 61811 2611 2611	 	ill Biblio Billir dans 1881
Principal Place	of Business	Mailing Address					
US NAVAL HOSP. OB/GYN DEPT., DR. NICOLAI 6000 W. HWY. 98 PENSACOLA FL 32512		P.O. BOX 34276 PENSACOLA FL 32507					
. 2.10.1000					3. Date Incorporated or Qualified 01/04/1994	3a. Date of La	st Report //1995
2. Principal Pla	ice of Business	2a. Mai'ing Address			4. FEI Number 04-2545624		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Not Applicable .75 Additional
City & State		City & State			6. Election Campaign Financing		ee Required May Be
Zip	Country	Zip	Count	ry	Trust Fund Contribution 8. This corporation has fiability for	intangible tax unde	or s 199.032,
	25 9. Name and Address of Curren	29 It Registered Agent	30	· · · · · · · · · · · · · · · · · · ·	Florida Statutes Yes 10. Name and Address of New F	□ No Registered Agent	
OMETIC	0 T10140		8	1 Name			
SMITH, G. THOMAS 510 E. ZARAGOZA ST.			ē	2 Street Add	ess (P.O. Bax N.imber is Not Acceptable)		
	COLA FL 32501		8	3			
			8	4 City			7-0-1
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes of Postored agent, or both in the State of Florida Such charge was statuted.			-	,		FL 85	Zip Code
11 Durquant to							
	id agent, or both, in the State of Florid i, and accept the obligations of, Section			named corpor rporation's boar	ration submits this statement for the pul ird of directors. Thereby accept the app	rpose of changing ointment as registe	its registered office red agent. I am
familiar with		on 607.0505, Florida Statute	zed by the cor s.	rporation's boat	rd of directors. Thereby accept the app	ointment as registe	its registered office ared agent. I am
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of the receiver of hosted entipowered to execute this report as required by chapter our, monda statices, and macing a attachment with an address.

Way Karl E Nicolai MP 3/27/96 492-4543

ED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Auf Mire of Man of Signin