FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000015908 (4)**

1. Corporation Name

GULF EMERGENCY SPECIALISTS, P.A.

Principal Place of Business

230 S HWY 79
PANAMA CITY BEACH FL 32413

Mailing Address

230 S HWY 79
PANAMA CITY BEACH FL 32413

3. Date Corporation was Granted: **02/24/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **APPLIED FOR** 59-3346595 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation is/is not liable for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business

21
22 State, Apt. #, etc.
23 City & State
24 Zip | 25 Country

2a. Mailing Address

26
27 State, Apt. #, etc.
28 City & State
29 Zip | 30 Country

9. Name and Address of Current Registered Agent

HASLAM, ERNEST G MD
230 S HWY 79
PANAMA CITY BEACH FL 32413

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	HASLAM, ERNEST G MD	
STREET ADDRESS	230 S HIGHWAY 79	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1 TITLE	[ ] Change	[ ] Addition
1a NAME		
1b STREET ADDRESS		
1c CITY-ST-ZIP		
2 TITLE	[ ] Change	[ ] Addition
2a NAME		
2b STREET ADDRESS		
2c CITY-ST-ZIP		
3 TITLE	[ ] Change	[ ] Addition
3a NAME		
3b STREET ADDRESS		
3c CITY-ST-ZIP		
4 TITLE	[ ] Change	[ ] Addition
4a NAME		
4b STREET ADDRESS		
4c CITY-ST-ZIP		
5 TITLE	[ ] Change	[ ] Addition
5a NAME		
5b STREET ADDRESS		
5c CITY-ST-ZIP		
6 TITLE	[ ] Change	[ ] Addition
6a NAME		
6b STREET ADDRESS		
6c CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is true, accurate and complete. 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 12 or Block 13 if changed or added above.

SIGNATURE: [signature] MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/96
Date

(904)234-8811
Daytime Phone #

CR2E034 (12/95)