## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 13, 1999 8:00 am Secretary of State

02-13-1999 90031 020 \*\*\*150.00

Addition

Change

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P94000023831

WARREN T. HITT, M.D., P.A.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

Likimbon 1 100	e of Business	Mailing Addre	SS						
DOGS CTATE AL		2202 STATE A							
2202 STATE AV	/ENUE	STE 301	, LINCE						
STE 301 SIE 301 PANAMA CITY FL 32405 PANAMA CITY FL 32405			FL 32405		•	DO NOT WRITE IN THIS SPACE			
US	. 2 02.700	US				3. Date Incorporated or Qualifed			
						03/28/1994			
2 Principal P	face of Business	2a. Mailing Ad	kiress			4. FEI Number		Apt	olled For
<del>-</del> '	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26				59-3233808		Not	Applicable
Suite, Apt.	# etc.	Suite, Apt.	#, etc.					\$8.75 A	
22	7, 410.	27				5. Cartificate of Status Desired	<u> </u>	Fee Re	pulred;
City & Stat	h	City & Sta	ite			6. Election Campaign Financing	m	\$5.00	May Be —
23	•	28				Trust Fund Contribution	<u>.</u>	Added to	Fees
Zip	Country	Zip	C	ountry		8. This corporation owes the current	t year Intan	giblé	
<del></del>	25	29	30	i		Personal Property Tax.	C	Yes	□No
24	9. Name and Address of Curren					10. Name and Address of New Reg	dstered Ag	ent	
	no complete states to an			81	Name				
HAR	MON. DANIEL III				0	ess (P.O. Box Number is Not Acceptable	۵)		
	MCKENZIE AVE			82	Street Addn	ess (r.o. dox number is Noi Acceptable	<del>"</del> ,		•
PANAMA CITY FL 32401				83					. "
PARAMA CITT FL 32401						·		4	
				84	City	. ,	FI	85 Zip C	ode
		<del></del>		Щ		oration submits this statement for the pun's board of directors, I hereby accept (	move of ch	anging its	registered
SIGNATURE	Clause and as assisted as as of maintenad asses		7.0505, Florida St			when reinstating)	DATE		<u>-</u>
	Signature, typed or pricied name of registered age:	nt and title if applicable		red Agen	i signature required	substituting) ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12_
12.	OFFICERS AN	nt and title if applicable	(NOTE: Registe	red Agen	1 signature required	ADDITIONS/CHANGES TO OFFICE	ERS AND	Change	RS IN 12
12. TILE	OFFICERS AN	nt and title if applicable	(NOTE: Registe 1:	red Agen 3.	1 signature required	ADDITIONS/CHANGES TO OFFICE	ERS AND	Change	RS IN 12
12. TITLE NAME	D HITT, WARREN T MD	nt and title if applicable	(NOTE: Registe 1: ) DELETE 1:1	Agen 3. TITLE NAME	1 signature required	ADDITIONS/CHANGES TO OFFICE	ERS AND	Change	RS IN 12
12. TITLE NAME STREET ADDRESS	D HITT, WARREN T MD 200 DOCTORS DR	nt and title if applicable	(NOTE Registe 11) DELETE 1.1 1.2	MA Agen 3. TITLE NAME 3 STREET	1 signature required	ADDITIONS/CHANGES TO OFFICE	ERS AND	Change	RS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITT, WARREN T MD	nt and title of applicable  4D DIRECTORS	(NOTE Registe 4: ) DELETE 1:1 1.2 1.3	Agent 3. TITILE NAME STREET	1 signature required	ADDITIONS/CHANGES TO OFFIC	Suite	Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP T/TLE	D HITT, WARREN T MD 200 DOCTORS DR	nt and title of applicable  4D DIRECTORS	(NOTE Registe 4: 4: 2) DELETE 1.1 1.2 1.3 1.4 1 DELETE 2.1	NAME STREET	1 signature required	ADDITIONS/CHANGES TO OFFICE	Suite	□Changa   SO     3/2	Addition S
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TYLE NAME	D HITT, WARREN T MD 200 DOCTORS DR PANAMA CITY FL 32405	nt and title of applicable  4D DIRECTORS	(NOTE Registe	INDICE STREET	ADDRESS	ADDITIONS/CHANGES TO OFFICE	Suite	□Changa   SO     3/2	Addition S
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP T/TLE	D HITT, WARREN T MD 200 DOCTORS DR PANAMA CITY FL 32405	nt and title of applicable  4D DIRECTORS	(NOTE Registe	NAME NAME TITLE NAME STREET TITLE NAME NAME NAME	ADDRESS	ADDITIONS/CHANGES TO OFFICE	Suite	□Changa   SO     3/2	Addition S
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TYLE NAME	D HITT, WARREN T MD 200 DOCTORS DR PANAMA CITY FL 32405	nt and title of applicable  4D DIRECTORS	(NOTE Registe 4: 4: 12 13 14 16 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	INDESTREET TITLE STREET TITLE NAME TITLE NAME NAME STREET	ADDRESS	ADDITIONS/CHANGES TO OFFICE	Suite FL	□ Change SO I 32 □ Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP T/TLE NAME STREET ADDRESS	D HITT, WARREN T MD 200 DOCTORS DR PANAMA CITY FL 32405	nt and title of applicable  4D DIRECTORS	(NOTE Registe  (NOTE Registe  1:  1:  1:  1:  1:  1:  1:  1:  1:  1	NAME	ADDRESS	ADDITIONS/CHANGES TO OFFICE	Suite FL	□Changa   SO     3/2	Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITT, WARREN T MD 200 DOCTORS DR PANAMA CITY FL 32405	nt and title of applicable  4D DIRECTORS	(NOTE Registe  (NOTE Registe  1:  1:  1:  1:  1:  1:  1:  1:  1:  1	NAME  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  A CITY-S  TITLE	ADDRESS 7-ZIP 7-ADDRESS 7-ZIP 7-ADDRESS 7-ZIP	ADDITIONS/CHANGES TO OFFICE	Suite FL	□ Change SO I 32 □ Change	Addition  Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN D HITT, WARREN T MD 200 DOCTORS DR PANAMA CITY FL 32405	nt and title of applicable  4D DIRECTORS	(NOTE Registe  (NOTE Registe  1:  1:  1:  1:  1:  1:  1:  1:  1:  1	NAME  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  A CITY-S  TITLE	ADDRESS	ADDITIONS/CHANGES TO OFFICE	Suite FL	□ Change SO I 32 □ Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D HITT, WARREN T MD 200 DOCTORS DR PANAMA CITY FL 32405	nt and title if applicable  4D DIRECTORS	(NOTE: Registe  (NOTE: Registe  1:  1:  1:  1:  1:  1:  1:  1:  1:  1	AGO AGON  TITLE  NAME  TITLE  NAME  TITLE  NAME  STREET  CITY-S  TITLE  NAME	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	ADDITIONS/CHANGES TO OFFICE	Sur le	□ Change  SO I  SZZ □ Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AN D HITT, WARREN T MD 200 DOCTORS DR PANAMA CITY FL 32405	nt and title if applicable  4D DIRECTORS	(NOTE: Register  11: 12: 13: 14: 14: 15: 16: 17: 18: 19: 19: 19: 19: 19: 19: 19: 19: 19: 19	NAME	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	ADDITIONS/CHANGES TO OFFICE	Sur le	□ Change SO I 32 □ Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	OFFICERS AN D HITT, WARREN T MD 200 DOCTORS DR PANAMA CITY FL 32405	nt and title if applicable  4D DIRECTORS	(NOTE: Residence (NOTE:	AGO AGON  TITLE  NAME  TITLE  NAME  TITLE  NAME  STREET  CITY-S  TITLE  NAME	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	ADDITIONS/CHANGES TO OFFICE	Sur le	□ Change  SO I  SZZ □ Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	OFFICERS AN D HITT, WARREN T MD 200 DOCTORS DR PANAMA CITY FL 32405	nt and title if applicable  4D DIRECTORS	(NOTE: Register  11: 12: 13: 14: 14: 15: 16: 17: 18: 18: 18: 19: 19: 19: 19: 19: 19: 19: 19: 19: 19	MAD AGON AGON AGON AGON AGON AGON AGON AGON	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	ADDITIONS/CHANGES TO OFFICE	Sur le	□ Change  SO I  SZZ □ Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AN D HITT, WARREN T MD 200 DOCTORS DR PANAMA CITY FL 32405	nt and title if applicable  4D DIRECTORS	(NOTE: Replate  11: 12: 13: 14: 10: 10: 10: 10: 10: 10: 10: 10: 10: 10	MAD AGON AGON AGON AGON AGON AGON AGON AGON	ADDRESS TADDRESS TADDRESS TADDRESS TADDRESS	ADDITIONS/CHANGES TO OFFICE	Suite	□ Change □ SO   □ 3 Z Z □ Change □ Change □ Change	Addition  Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	OFFICERS AN D HITT, WARREN T MD 200 DOCTORS DR PANAMA CITY FL 32405	nt and title if applicable  AD DIRECTORS	(NOTE: Registe  (NOTE: Registe  1.1  1.2  1.2  1.3  1.4  1.4  1.5  1.5  1.6  1.7  1.7  1.7  1.7  1.7  1.7  1.7	NAME  NAME  O STREET  CITY-S  TITLE  NAME  O STREET  CITY-S  NAME  NAME	ADDRESS TADDRESS TADDRESS TADDRESS TADDRESS	ADDITIONS/CHANGES TO OFFICE	Suite	□ Change  SO I  SZZ □ Change	Addition  Addition

14. 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 attackment with an address, with all other like empowered.

52 NAME 53 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE SUSAN L. HIT SUSAN L. HIT	1 127 9 8	50-769-4045
SI BARTURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR OFFICTOR	Cale	Deytone Phone #
Warren T. H	174 3-1-99 18	350-769-40