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Feb 24, 1999 8:00 am
Secretary of State

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1198

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000049155

1. Corporation Name
STEVEN P. PARKER, M.D., P.A.



Principal Place of Business 4551 N DAVIS HWY SUITE 1-A PENSACOLA FL 32503	Mailing Address 4551 N DAVIS HWY SUITE 1-A PENSACOLA FL 32503
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4400 Bayou Boulevard Suite, Apt. #, etc. 22 Suite 41 City & State 23 Pensacola, Florida Zip Country 24 32503 25 USA	2a. Mailing Address 26 4400 Bayou Boulevard Suite, Apt. #, etc. 27 Suite 41 City & State 28 Pensacola, Florida Zip Country 29 32503 30 USA
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3. Date Incorporated or Qualified 07/01/1994	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3253591	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PARKER, STEVEN P
 4551 N DAVIS HWY
 SUITE 1-A
 PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81 Name Steven P. Parker
82 Street Address (P.O. Box Number is Not Acceptable) 4400 Bayou Boulevard
83 Suite 41
84 City Pensacola 85 State FL 86 Zip Code 32503

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 *Steven P. Parker* **Steven P. Parker** DATE 1/10/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME PARKER, STEVEN P	
STREET ADDRESS 4551 N DAVIS HWY SUITE 1-A	
CITY-ST-ZIP PENSACOLA FL 32503	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Parker, Steven P.	
1.3 STREET ADDRESS 4400 Bayou Boulevard, Suite 41	
1.4 CITY-ST-ZIP Pensacola, Florida 32503	
2.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME 	
2.3 STREET ADDRESS 	
2.4 CITY-ST-ZIP 	
3.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME 	
3.3 STREET ADDRESS 	
3.4 CITY-ST-ZIP 	
4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME 	
4.3 STREET ADDRESS 	
4.4 CITY-ST-ZIP 	
5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME 	
5.3 STREET ADDRESS 	
5.4 CITY-ST-ZIP 	
6.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME 	
6.3 STREET ADDRESS 	
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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven P. Parker* **Steven P. Parker** DATE 1/10/99 850-473-8575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)