


FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

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Apr 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT STATE Sandra B. Momm Secretary of S. DIVISION OF CORPORATIONS	
DOCUMENT # P94000060507 (8) 1. Corporation Name W. BARTON EDWARDS, M.D., P.A.			
Principal Place of Business 400 W. 11TH STREET SUITE -C PANAMA CITY FL 32401		Mailing Address 400 W. 11TH STREET SUITE -C PANAMA CITY FL 32401-2400	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent EDWARDS, W B 400 W 11TH ST, SUITE C PANAMA CITY FL 32405			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, who is an officer 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 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY - ST - ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY - ST - ZIP 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY - ST - ZIP 17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY - ST - ZIP 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP 25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY - ST - ZIP 29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY - ST - ZIP 33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY - ST - ZIP 37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY - ST - ZIP 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP 45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY - ST - ZIP 49. TITLE 50. NAME 51. STREET ADDRESS 52. CITY - ST - ZIP 53. TITLE 54. NAME 55. STREET ADDRESS 56. CITY - ST - ZIP 57. TITLE 58. NAME 59. STREET ADDRESS 60. CITY - ST - ZIP 61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP			

3. Date Incorporated or Qualified 08/10/1994	3a. Date of Last Report 04/18/1996
4. FEI Number 59-3259272	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

1. Name
2. Street Address (P.O. Box Number is Not Acceptable)
3. City
4. State FL
5. Zip Code 85

14. I do 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.

SIGNATURE: *Kathy A. Momm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/97 904-785-1919  
Date Daytime Phone #

CR2E034 (9/96)