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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9400060507

W. BARTON EDWARDS, M.D., P.A.

Principal Place	e of Business	Mailing Address			((Ballan 3) Bill Bill) sail sail sail		
2237 W 24TH S	T .	2237 W 24TH ST					
PANAMA CITY F	FL 32405	PANAMA CITY FL 32405			DO NOT WRITE IN T	UIC CDACE	
บร		US				HIS SPACE	
					3. Date Incorporated or Qualifed		
					08/10/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21		26			59-3259272		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
22		27					
City & State	e	City & State			6. Election Campaign Financing	\$5.00 Added to	
23	0	28	Country		Trust Fund Contribution		O FEES
Zip	Country	Zip			8. This corporation owes the current year		□No
24	25	29 3	10		Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Register	eu Agent	
ED/W	ADDS W.B.		"	140			
EDWARDS, W B 400 W 11TH ST, SUITE C			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
l .	AMA CITY FL 32405		-				,.
PAN	AMA CITT FE 32403		83				
			84	City		85 Zip (Code
44 0	to the continue of Continue 607 Of	502 and 607 1509 Elorida Statutos	the above	e-named co	progration submits this statement for the nurnos	e of changing its	registered
office or re	edistered agent or both in the Stat	te of Florida. Such change was aut	honzed by	the corner	ation's board of directors. I hereby accept the ar	pointment as re	gistered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Florid	da Statutes	i.	,		
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Florid	da Statutes	i.			
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Florit gent and title if applicable. (NOTE: R	da Statutes	i.	ured when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·	
agent. I all SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A	gations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R AND DIRECTORS	da Statutes Registered Agen	i.		AND DIRECTO	PRS IN 12
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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 changed of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

8507632616

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90143 037 ***150.00

CR2E034 (11/98)