

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000092206 (9)**

1. Corporation Name

**JAMES E. FERGUSON, M.D., P.A.**



Principal Place of Business

**2359 FOXWORTH DRIVE  
PANAMA CITY FL 32405**

Mailing Address

**2359 FOXWORTH DRIVE  
PANAMA CITY FL 32405**

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
	Country		Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<b>12/21/1994</b>		<b>05/15/1995</b>
4.	FET Number	Applied For	
	<b>59-3298526</b>	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FERGUSON, JAMES E  
2359 FOXWORTH DRIVE  
PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
	State <b>FL</b>
85	Zip Code

11. Pursuant to the provisions of Sections 607.0107 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 607.0105, Florida Statutes.

SIGNATURE

Name and Title of Officer or Director Signing this Report

Date Registered Agent Signature Reported to the State

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. NAME	
CITY, STATE, ZIP		3. STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. TITLE	
CITY, STATE, ZIP		6. NAME	
NAME	<input type="checkbox"/> DELETE	7. STREET ADDRESS	
STREET ADDRESS		8. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		9. TITLE	
NAME	<input type="checkbox"/> DELETE	10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, STATE, ZIP		12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	13. TITLE	
STREET ADDRESS		14. NAME	
CITY, STATE, ZIP		15. STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	16. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		17. TITLE	
CITY, STATE, ZIP		18. NAME	
NAME	<input type="checkbox"/> DELETE	19. STREET ADDRESS	
STREET ADDRESS		20. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		21. TITLE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation or the manager 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 amendment with an address.

SIGNATURE:

*James E. Ferguson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 (904) 822-8283

CR2E034 (12/95)