

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000039654

FILED
Apr 27, 2009
Secretary of State

Entity Name: MEDICAL SERVICES OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

8974 NAVARRE PKWY
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

8974 NAVARRE PKWY
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 59-3318318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOWALCHYK, DEAN C
411 N CALHOUN ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITE, EVA M
Address: 8974 NAVARRE PKWY
City-St-Zip: NAVARRE, FL

Title: V () Delete
Name: POWELL, STEPHANIE K
Address: 406 YORK STREET
City-St-Zip: NAVARRE, FL 32561

Title: V () Delete
Name: TAYLOR, TIMOTHY M
Address: 2543 HOLLY COURT
City-St-Zip: NAVARRE, FL 32566

Title: ST () Delete
Name: STIENBECK, NELDA
Address: 2586 1ST COURT
City-St-Zip: GULF BREEZE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WHITE, EVA M
Address: 8974 NAVARRE PKWY
City-St-Zip: NAVARRE, FL 32566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: STEINBECK, NELDA
Address: 2586 1ST COURT
City-St-Zip: GULF BREEZE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA WHITE

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date