

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000039654

FILED  
Apr 16, 2010  
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  
**Name:** WHITE, EVA M  
**Address:** 8974 NAVARRE PKWY  
**City-St-Zip:** NAVARRE, FL 32566

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

**Title:** V  
**Name:** TAYLOR, TIMOTHY M  
**Address:** 6416 OLD HARBOR COVE  
**City-St-Zip:** NAVARRE, FL 32563

**Title:** ST  
**Name:** STEINBECK, NELDA  
**Address:** 2586 1ST COURT  
**City-St-Zip:** GULF BREEZE, FL 32566

I hereby 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 all other like empowered.

**SIGNATURE:** EVA WHITE

D

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date