2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# P95000039654

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

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: 934 AQUAMARINE DR
City-St-Zip: GULF BREEZE, 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: TIMOTHY M TAYLOR V 05/01/2012

Electronic Signature of Signing Officer or Director Date