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CORPORATION ANNUAL REPORT



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

1996

. Corporation	MENT # P950 (UUU41	6086 (1	' <i>)</i>				
CRAIC	G M. TILGHMAN, M.D., P.A	4.			1 1021(60) KIB 10(0) B(K) 02	ili he va aa na aa n	II BYDIB BHII O	110 1 10110 0111 100
Principal Place	of Business	Mailing	Address					
2202 STATI SUITE 102 PANAMA C	e avenue Ity fl 32405	SU	02 State Avenue 11te 102 Nama City FL 324		Date Incorporated or Qualifit	od lan Da	te of Last R	oood
					06/14/1995	Sa. Da	ile Oi Last n	eport
, Principal Pla	ice of Business	2a . Mai	iling Address		4. FEI Number 59 - 332,5934	^	 	Applied For
Suite, Apt. #	r, etc.		te, Apt. #, etc.		5. Certificate of Status Desired			Not Applicable Additional
04 8 0		27			5. Certificate of Status Desired			Required
City & State		28 City	& State		Election Campaign Financing Trust Fund Contribution	⁹ 🗆		O May Be d to Fees
<i>Z</i> ıp	Country 25	<i>Z</i> ip		Country 30	This corporation has liability Florida Statutes			
La	9. Name and Address of Curren		d Agent	[30]	10. Name and Address of Ne	Yes ∏No w Recistered	Agent	
			·	81 Name				
TILGHN	MAN, CRAIG M M.D.			82 Street A	Address (P.O. Box Number is Not Accep	otable)		···
	TATE AVENUE			00				
SUITE				83				
PANAN	IA CITY FL 32405			84 City		Fi	85 Zg	Code
							1 1	
L. Pursuant to	the provisions of Sections 607.0502	2 and 607,150	08. Florida Statute:	s, the above named cor	rooration submits this statement for the	nurpose of ch	nanging its r	enistered office
 Pursuant to or registere familiar with 	o the provisions of Sections 607.0502 of agent, or both, in the State of Floric n, and accept the obligations of, Secti	2 and 607,150 da. Such cha tion 607,0505	08, Florida Statute: nge was authorize . Florida Statutes.	s, the above named cord d by the corporation's t	rporation submits this statement for the poard of directors. I hereby accept the a	purpose of chappointment a	nanging its r s registered	egistered office agent. I am
ISTITUTE AATT	o the provisions of Sections 607.0502 id agent, or both, in the State of Fioric n, and accept the obligations of, Secti	2 and 607,150 da. Such cha iion 607,0505	08, Florida Statute: nge was authorize , Florida Statutes.	I I s, the above named cor d by the corporation's t	rporation submits this statement for the poard of directors. I hereby accept the a	purpose of chappointment a	nanging its r s registered	egistered office agent. I am
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GNATURE.	grature, typod or printed name of registered agent OFFICERS AND	and title if applical	i, Florida Statutes. Not IS	E. Registered Agent signature out	quired when reinstatings ADDITIONS/CHANGES TO (purpose of chappointment a DATE DEFFICERS AN	nanging its r s registered	RS IN 12
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SIGNATURE: CAN THE SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR U-17-46 (904) 172-7400