FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90044 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000046086**1. Corporation Name

M. TILGHMAN, M.D., P.A.								
				···				
Principal Place of Business 2202 STATE AVENUE SUITE +02 257 PANAMA CITY FL 32405 Mailing Address 2202 STATE AVENUE SUITE +02 257 PANAMA CITY FL 32405				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					06/14/1995			
lace of Business	2a. Mailing Address				4. FEI Number			plied For
	26	 			59-3325930			t Applicable
	27				5. Certificate of Status Desired		Fee Re	quired
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Country		Cour	ntrv			ent vear Inte		o rees
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		1301				Registered A	Agent	
-			81 N	lame				
		-	82 S	treet Addres	ss (P.O. Box Number is Not Accepte	able)		
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AMA CITY FL 32405			04 6	N4			DE Zin C	- aba
			84 (ıty		FL	85 Zip C	,000 e
to the provisions of Sections 607.050	02 and 607.1508, Florida S	atutes, the ab	ove-na	med corpor	ration submits this statement for the	purpose of	changing its	registered pistered
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	Country 9. Name and Address of Curre HMAN, CRAIG M M.D. 2. STATE AVENUE E 192- 20-1 AMA CITY FL 32405	Mailing Address Addr	Mailing Address Z202 STATE AVENUE SUITE 102- AD T PANAMA CITY FL 32405 Mace of Business Za. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 e City & State 28 Country Zip Country Zip Country 25 29 30 9. Name and Address of Current Registered Agent HMAN, CRAIG M M.D. 2 STATE AVENUE E 102- AD T AMA CITY FL 32405	Mailing Address Z202 STATE AVENUE SUITE 162- ADT PANAMA CITY FL 32405 Mailing Address SUITE 162- ADT PANAMA CITY FL 32405 Mailing Address Za. Mailing Address Za.	Mailing Address ZENUE ZENUE SUITE H92- AD T PANAMA CITY FL 32405 Mailing Address SUITE H92- AD T PANAMA CITY FL 32405 Mailing Address Za. Mailing A	Mailing Address ZENUE ZENUE SUITE 1922 - 201 PANAMA CITY FL 32405 DO NOT WRI 3. Date Incorporated or Qualified 06/14/1995 Lace of Business 2a. Mailing Address 2b Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State 2a. City & State City & State 2b City & State Country Zip Country Zip Country Zip Country Zip Country Suite, Apt. #, etc. City & State City & State B. Election Campaign Financing Trust Fund Contribution Country Zip Country Zip Country Suite, Apt. #, etc. City & State B. Election Campaign Financing Trust Fund Contribution Country Zip Country Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State City Suite, Apt. #, etc. Suite, Apt. #, etc. City & State B. Election Campaign Financing Trust Fund Contribution Name And Address of Courtent Registered Agent MAN, CRAIG M M.D. STATE AVENUE E 1922 April AMA CITY FL 32405	Mailing Address ENUE 2202 STATE AVENUE SUITE 1622- 27D T PANAMA CITY FL 32405 DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 06/14/1995 4. FEI Number 59-3325930 #, etc. Suite, Apt. #, etc. City & State 28 City & State 29 Country 21p Country 22p Country 25 9. Name and Address of Current Registered Agent HMAN, CRAIG M M.D. 25 STATE AVENUE E 1622- 207 AMA CITY FL 32405 Mailing Address 4. FEI Number 59-3325930 5. Certificate of Status Desired Trust Fund Contribution Country 21p Country 21p Country 8. This corporation owes the current year Inte Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) FL AMA CITY FL 32405	Mailing Address ENUE 2202 STATE AVENUE SUITE 162- 207 PANAMA CITY FL 32405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/14/1995 4. FEI Number 4. FEI Number 5. Certificate of Status Desired Re City & State 28 Country 28 Country 28 Country 27 Country 28 Country 28 Country 28 Country 28 Country 28 Country 28 Country 38. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax. Personal Property Tax. Personal Property Tax. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-28-48 (80) 877-790