## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P95000046696 MAGNOLIA MEDICAL CLINIC, P.A.



**FILED** Mar 13, 2007 8:00 am Secretary of State 03-13-2007 90012 012 \*\*\*150.00

						600 W	13.0						
Principal Place of Business 131 MAGNOLIA AVENUE, S.E. FORT WALTON BEACH, FL 32548			13	Mailing Address 131 MAGNOLIA AVENUE, S.E. FORT WALTON BEACH, FL 32548				40	034683	ס			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.			s	Suite, Apt. #, etc.				02132007	Chg-P		CR2E03	34 (12/06)	
City & State			C	City & State				4. FEI Numb		-		<b>⊢</b>	polied For
Zip	Zip Country			Zip Counti				59-332 5. Certificate	of Status Desir	ed		8.75 Add	
6. Name and Address of Current F				l			Fee Required  7. Name and Address of New Registered Agent						
···-	6. Name a	and Address of Current	t Kegist	ered Agent				/. Name and	Address of No	ew Regi	istered A	gent	
BUCKELEW, B A 131 MAGNOLIA AVE SE						Name Street Address (P.O. Box Number is Not Acceptable)							
FORT WALTON BEACH, FL 32548-7266						_ <u>-</u> _					-		
						City	187-				FL	Zip Cod	e
		submits this statement for	or the pu	urpose of changing its	registere	ed office or	register	ed agent, or bo	th, in the State	of Florida	a. I am fi	amiliar with,	and accept
the obligat	Signature, typed of	red agent.	I and title if	ennirable (NOTE	Ranislava	Acont signatu	ura racuiraci	when reinstating)		_	OATE		
	Signature, types o	printed rathe or registered agen	T and direct	врржане. (ноте	negisierec	Agent signato	ne required	witeri reinstating)	,	_	UATE		
FILE NOWI!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees													
10.		OFFICERS AND	DIREC	TORS	11.			ADDITIONS	CHANGES TO	OFFICE	RS AND	DIRECTOR	S IN 11
TITLE	Р			☐ Delete	TITLE		T		<del>-</del>			Change	Addition
NAME	SITES, JOI	HN D MD		L Delete	NAME		_	T-l	D 100			X change	
STREET ADDRESS				STRE				Sites, John D. MD					
CITY-ST-ZIP	FORT WALTON BEACH, FL 325						131 Magnolia Ave., SE Fort Walton Beach, FL 32548						
TITLE	VP							r warton	_Beach,_	FT.			□ (am:-
NAME	1	A/RA MD		☐ Delete	TITLE		P					<b>★</b> Change	☐ Addition
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	s	1011 011 1011,112 02	.040	<b>—</b>	-	-		t Walton	Beach.	FL	325		
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NAME Street Address	RUSSELL, BARNARD A MD 131 MAGNOLIA AVE., S.E.				NAM	ET ADDRESS	Rus	sell, A.	Barnard	MD f			
CITY-ST-ZIP	1	LTON BEACH, FL 32	E40			-ST-ZIP	131	Magnoli	a Ave.,	SE			
	}	LION BEACH, FL 32	:040				For	<u>t Walton</u>	_Beach,_	FT.	325		
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NAME	1	L, PETER K MD			NAM	·	Sen	echal, P	eter K.	MD			
STREET ADDRESS	1	OLIA AVE. SE				ET ADDRESS	131	Magnoli	a Ave.,	$\mathbf{SE}$			
CITY-ST-ZIP	FORT WAI	LTON BEACH, FL 32	2548		CITY-	- ST - ZIP	For	t Walton	_Beach,_	FL 3	32548		
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Intereuty certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.