FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

P95000049646 (9)

DANIEL C. DAUBE, JR., M.D., P.A.

FILED Apr 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				
,				
200 DOCTORS DR 200 DOCTORS DRIVE PANAMA CITY FL 32405 PANAMA CITY FL 32405				
US		US		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				06/26/1995
	Place of Business	2s. Mailing Address		4. FEI Number Applied For
21		26		59-3321649 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		SR 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		ю	Personal Property Tax due June 30. 🔀 Yes 🔲 No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
DAUBE, DANIEL C MD				n e
	200 DOCTORS DRIVE			et Address (P.O. Box Number is Not Acceptable)
	ANAMA CITY FL 32405		82 Stre	et Address (P.O. Box Number is Not Acceptable)
			83	
			84 City	FL es Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered				
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE				
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P/D	☐ DELETE	1.1 TITLE	Change Addition
NAME	DAUBE, DANIEL C., JR. M.D.		1.2 NAME	
STREET ADDRESS	ONE CHICO LANE		1.3 STREET ADDRES	22
CITY-ST-ZIP	PANAMA CITY FL 32404		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		_	22 NAME	
STREET ADDRESS			2.3 STREET ADDRES	
CITY-ST-ZIP			2.4 City-St-ZiP	~
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		_ cite	3.2 NAME	
STREET ADDRESS				
			3.3 STREET ADDRES)
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - ZIP	☐ Change ☐ Addition
			4.1 YITLE	LI CHRINGE LI ACUITION
NAME OTREST ADDRESS			4. 2 NAME	. [
STREET ADDRESS			4.3 STREET ADDRES	8
CITY-ST-ZIP		T occurr	4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	SS
CITY-ST-ZIP	<u> </u>		5.4 CITY - ST - ZIP	
TITLE	·	☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRES	s
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 or an attachment with an address.