FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000076229 (0)**

1. Corporation Name

CHIPOLA MEDICAL GROUP, INC.

Principal Place of Business	Mailing Address
4288 FIFTH AVENUE MARIANNA FL 32446	~~4288~~ 4294 FIFTH AVENUE MARIANNA FL 32446

3. Date Incorporated or Qualified: **09/21/1995**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3356893	☐ Applied For ☐ Not Applicable
21:	26: 4294 Fifth Ave		
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23:	City & State 28: Marianna, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24: / Country 25:	Zip 29: 32446 / Country 30: Jackson	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CHRISTOPHER, RICHARD M M.D.
4288 FIFTH AVENUE
MARIANNA FL 32446

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 4318 Fifth Ave
83:
84 City: **FL** 85 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 _____ DATE _____
Signature, typed or printed name of individual with authority to sign, and capacity or relationship to corporation. (NOTE: Registered Agent's signature required if changing registered agent.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BAILEY, LEISA H MD		12 NAME		
STREET ADDRESS	101 E. WISCONSIN STREET		13 STREET ADDRESS		
CITY-ST-ZIP	BONIFAY FL 32425		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BRUNNER, WM F MD		22 NAME		
STREET ADDRESS	4295 THIRD AVENUE		23 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32446		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☑ Change ☐ Addition
NAME	CHRISTOPHER, RICHARD M MD		32 NAME		
STREET ADDRESS	~~4318~~ ~~4288~~ FIFTH AVENUE		33 STREET ADDRESS	4318 Fifth Ave	
CITY-ST-ZIP	MARIANNA FL 32446		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	CLEMMONS, JAMES MD		42 NAME		
STREET ADDRESS	P.O. BOX 741 N/A		43 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL 32428		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	CORTES, JOSE H MD		52 NAME		
STREET ADDRESS	P.O. BOX 1504 / 3051 SIXTH STREET		53 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32446		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	GAY, JOE H M.D.		62 NAME		
STREET ADDRESS	~~4284 KELSON AVENUE / P.O. BOX 1605~~ 4318		63 STREET ADDRESS	(Full list in original application)	
CITY-ST-ZIP	MARIANNA FL 32446 5th Ave		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: R Christopher MD L. Tann Sec 4/8/96 (904) 526 2460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard Christopher, MD

CR2E034 (12/95)