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
4288 FIFTH AVENUE
MARIANNA FL 32446

Mailing Address
4294 ~~4288~~ **FIFTH AVENUE**
MARIANNA FL 32446

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

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 4294 Fifth Ave
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: Marianna, FL
Zip — 24:
Country — 25:
Zip — 29: 32446
Country — 30: Jackson

4. FEI Number: 59-3356893 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
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 _____ Signature (type or print full name of registered agent and title if applicable) (NOTE: Registered Agent signature required above in addition) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, LEISA H MD	1.2 NAME	
STREET ADDRESS	101 E. WISCONSIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL 32425	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRUNNER, WM F MD	2.2 NAME	
STREET ADDRESS	4295 THIRD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	CHRISTOPHER, RICHARD M MD	3.2 NAME	
STREET ADDRESS	4318 ~~4288~~ FIFTH AVENUE	3.3 STREET ADDRESS	4318 Fifth Ave
CITY-ST-ZIP	MARIANNA FL 32446	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CLEMMONS, JAMES MD	4.2 NAME	
STREET ADDRESS	P.O. BOX 741 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CORTES, JOSE H MD	5.2 NAME	
STREET ADDRESS	P.O. BOX 1504 / 3051 SIXTH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	5.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GAY, JOE H M.D.	6.2 NAME	
STREET ADDRESS	~~4284 KELSON AVENUE / P.O. BOX 1605~~ 4318 5th Ave	6.3 STREET ADDRESS	(Full list in original application)
CITY-ST-ZIP	MARIANNA FL 32446	6.4 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)(k), 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.

SIGNATURE: Richard M 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 M. Christopher MD Pres

CR2E034 (12/95)