

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 # P95000086646 (3)

1. Corporation Name:

THE MEDICAL INSTITUTE, INC.



Principal Place of Business

510 E. ZARAGOZA ST.
PENSACOLA FL 32501

Mailing Address

510 E. ZARAGOZA ST.
PENSACOLA FL 32501

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 3100 COTTAGE HILL RD

Suite, Apt. #, etc.

27

Suite 500

City & State

28

MOBILE AL

29

36606

Country

30

USA

3. Date Incorporated or Qualified

11/09/1995

3a. Date of Last Report

4. FET Number

(APPLIED FOR)

☒ 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

SMITH, G. THOMAS
510 E. ZARAGOZA ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 of person performing the change as required by the corporation

Signature of Registered Agent as required by the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
LANDRY, MORGAN P
2125 DORCHESTER DR.
MOBILE AL 36695

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

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41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 19.07(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:

Morgan P. Landry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96

334-473-1393

CS 5/1/96

CR2E034 (12/95)