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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000034080 (7)

CHRISTOPHER D. TANNER M.D., P.A.

Principal Place of Business Mailing Address C/O GULFCOAST HOSPTIAL/EMR C/O GULFCOAST HOSPTIAL/EMR 449 W 23 STREET 449 W 23 STREET PANAMA CITY FL 92405 PANAMA CITY FL 32405-4507 3. Date Incorporated or Qualified 3a. Date of Last Report 04/16/1996 2. Principal Place of Business 2s. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TANNER, CHRISTOPHER D **449 W 23 STREET** 82 Street Address (P.O. Box Number is Not Acceptable) C/O GULFCOAST HOSPITAL/EMR PANAMA CITY FL 32405 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0002 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 (NOTE: Registered Agent signature required when reinstating) Signature, typeo or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TITLE 1.1 THE Change Addition Christopher D. Tanner MD, P.A. 449 W. 23E St. c/o Energency Days NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE Change Addition 21 BHF NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY- \$1-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELE1E 5.1 TITLE Addition

14. I do 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 timese empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapsey or on an extraordinant with an address.

5.2 NAME

6.1 THLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - S1 - ZIP

54 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY+ST-7IP

NAME



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 12, 1997

CHRISTOPHER D. TANNER M.D., P.A. C/O GULFCOAST HOSPTIAL/EMR 449 W 23 STREET PANAMA CITY, FL 32405

SUBJECT: CHRISTOPHER D. TANNER M.D., P.A.

Ref. Number: P96000034080

Please be advised, we have received your document for the above corporation; however, the document <u>has not been filed</u> and is being returned for the following:

List the name, title, street address, city, and state of each officer/director of the corporation in block 12 or 13.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (904) 488-9000.

ANNUAL REPORTS SECTION

Letter number: 597A00007395

/tj