

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

APPROVED  
AND  
FILED

①

**DOCUMENT # P96000041352 (1)**

1. Corporation Name

**SCOTTY'S MED EXPRESS, INC.**

1997 AUG 25 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**5773 NORMANDY BLVD.  
JACKSONVILLE FL 32205**

**5773 NORMANDY BLVD.  
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/06/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number

**59 3386353**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**AKEL, EDWARD C  
1 INDEPENDENT DRIVE  
STE 2301  
JACKSONVILLE FL 32202**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **BOWLIN, ENID J**  
STREET ADDRESS **5773 NORMANDY BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **BOWLIN, WALLINGFORD MD**  
1.3 STREET ADDRESS **5773 NORMANDY BLVD.**  
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Wallingford H. Bowlin MD 781-1866**

7/18/97

(904)

Date

Daytime Phone #

0004756



**Wallingford H. Bowlin, M.D., P.A.**

**NORMANDY MEDICAL & PROFESSIONAL CENTER**

5773 Normandy Blvd., Jacksonville, Florida 32205 • Telephone (904) 781-1866

②

**DIPLOMATE  
AMERICAN BOARD  
OF FAMILY PHYSICIANS**

August 22, 1997

To Whom It May Concern:

The enclosed annual report was returned to me because I did not have my federal tax identification number on the original document. I have since mislaid the original application. Please accept this copy along with my original signature as indicated below. Also enclosed is a check in the amount of \$165.00 dollars for the filling fee.

If there are any questions please don't hesitate to call me.

Sincerely,

Wallingford H. Bowlin, M.D.