

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90103 032 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000082689

1. Corporation Name  
**CORDOVA FAMILY PRACTICE, P.A.**



Principal Place of Business	Mailing Address
4400 BAYOU BOULEVARD SUITE 37 PENSACOLA FL 32500	4400 BAYOU BOULEVARD SUITE 37 PENSACOLA FL 32500

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	10/07/1996
4. FEI Number	59-3407265
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MONTGOMERY, PAULA B MD  
 4400 BAYOU BOULEVARD  
 SUITE 37  
 PENSACOLA FL 32503

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, PAULA B MD	
STREET ADDRESS	4400 BAYOU BLVD, STE 37	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHIBBS, WILLIAM J	
STREET ADDRESS	6160 N. DAVIS HIGHWAY	
CITY-ST-ZIP	PENSALCOLA FL 32504	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRENCH, BARBARA D MD	
STREET ADDRESS	4400 BAYOU BLVD, STE 37	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Montgomery Paula B.	
1.3 STREET ADDRESS	4400 Bayou Blvd Ste 37	
1.4 CITY-ST-ZIP	PENSACOLA, FL. 32503	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	French, Barbara D.	
3.3 STREET ADDRESS	4400 Bayou Blvd Ste 37	
3.4 CITY-ST-ZIP	PENSACOLA, FL. 32503	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99  
 Date Daytime Phone #

CR2E034 (1/198)