

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000107111

1. Corporation Name
HFN OF NORTHWEST FLORIDA, INC.

Principal Place of Business
**5020 COMMERCE PARK CIRCLE
PENSACOLA FL 32505**

Mailing Address
**5020 COMMERCE PARK CIRCLE
PENSACOLA FL 32505**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1997

4. FEI Number

APPLIED FOR 59-3508784

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**PARKER, G R
5020 COMMERCE PARK CIRCLE
PENSACOLA FL 32505**

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

G. Ronald PARKER
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	<input type="checkbox"/> DELETE
NAME	PARKER, G R	
STREET ADDRESS	5020 COMMERCE PARK CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEARLOCK, KEITH T M.D.	
STREET ADDRESS	1717 NORTH 'E' STREET #403	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERRON, WARREN L M.D.	
STREET ADDRESS	1720 NORTH 'E' STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZIMMERN, WILLIAM A JR	
STREET ADDRESS	2896 GULF BREEZE PARKWAY	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRADEN, FREDERICK R M.D.	
STREET ADDRESS	4141 MENENDEZ ROAD	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMERON, ROBERT B M.D.	
STREET ADDRESS	4541 NORTH DAVIS HIGHWAY	
CITY-ST-ZIP	PENSACOLA FL 32561	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Turner, David, M.D.	
1.3 STREET ADDRESS	5120 Bayou Blvd., #1	
1.4 CITY-ST-ZIP	Pensacola, FL 32503	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	E. Coy Irvin, M.D.	
2.3 STREET ADDRESS	4501 N. Davis Hwy, #A	
2.4 CITY-ST-ZIP	Pensacola, FL 32503	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thigpen, R. Lee, M.D.	
3.3 STREET ADDRESS	129 Redstone Ave.	
3.4 CITY-ST-ZIP	Crestview, FL 32539	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	McLeod, Paul A., M.D.	
4.3 STREET ADDRESS	5020 Commerce Park Circle	
4.4 CITY-ST-ZIP	Pensacola, FL 32505	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Fleischhauer, Franklin, M.D.	
5.3 STREET ADDRESS	5147 N. 9th Ave, #401	
5.4 CITY-ST-ZIP	Pensacola, FL 32504	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Murray, Patrick, M.D.	
6.3 STREET ADDRESS	5190 Bayou Blvd, Bldg 7	
6.4 CITY-ST-ZIP	Pensacola, FL 32503	

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:

G. Ronald PARKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)