850-484-8200

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P97000107111 1. Entity Name HFN OF NORTHWEST FLORIDA, INC.						Apr 12, 2001 8:00 am Secretary of State 03-19-2001 90457 031 ***150.00				
Principal Place of Business 5020 COMMERCE PARK CIRCLE PENSACOLA FL 32505		Mailing Address 5020 COMMERCE PARK CIRCLE PENSACOLA FL 32505							-	
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4	4. FEI Number 59-3508789 Applied For Not Applicable					
Zip	Country	Zip	Country	5	. Certificate of	Status Desired	\$8.75 Ad	ditional		
	6. Name and Address of Current R	legistered Agent	Name			Idress of New Regis	stered Agent		}	
5020	IKER, G R D COMMERCE PARK CIRCLE ISACOLA FL 32505		Street Address (P.O. Box Number is Not Acceptable) 5020 Commerce Park Circle				1			
O. The shows	e named entity submits this statement for	the number of shanging ite r		sacola		in the State of Florida	FL Zip Coo)5	1	
Tax filing (See crite	Signature, typed or printed name of registered agent ar oration is eligible to satisfy its Intangible requirement and elects to do so, iria on back)	FILE NOW!!! After MAY 1, 200 Make Check Payable	e to Departmen	.00 550.00 It of State	10. Election	on Campaign Financi Fund Contribution.	☐ Adde	O May Be d to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, G R 5020 COMMERCE PARK CIRCLE PENSACOLA FL 32505	TOPIS Delate	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Murra 5190	y; Patri	ck vd. Bldg. 7	Change	Addition	CR2E034 (10/00)	
TITLE NAME STREET ADDRESS	D Dabezies, Jean E 4541 north davis—hwy—#A	€ Celate	TITLE NAME -STREET ADDRESS- CITY-ST-ZIP	D Tan, 1717	Thomasss North-'E	'-5t_#231-	☐ Change	Addition	SH2	
TITLE NAME STREET ADDRESS	PENSACOLA FL 32501 D HERRON, WARREN L M.D. 1720.NORTH "E" STREET	Celete	TITLE NAME STREET ADDRESS	D Birewer 5020 C		es Park Circle	Change	Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PENSACOLA FL 32501 D ZIMMERN, WILLIAM A JR 2896 GULF BREEZE PARKWAY GULF BREEZE FL 32561	☐ Celcte	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shear1 1800 Y	ock, Kei ates Ave	th nue	☐ Change	Addition	<u>}</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, DAVID MD 5120 BAYOU BLVD #1 PENSACOLA FL 32503	Æ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lung		<i>V</i> 2.501	☐ Change	Addition .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, ROBERT B M.D. 4541 NORTH DAVIS HIGHWAY PENSACOLA FL 32561	★ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition		
Indicated of the cor	certily that the information supplied with t on this report or supplemental report is t reporation or the receiver or trustee empow , or on an attachment with an address, wi	rue and accurate and that my vered to execute this report as	sionature shall h	ave the sam	e lecal affect as	s if made under oath:	that i am an officer	ar director -	0 94	