

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90033 004 ***150.00

DOCUMENT # P99000036439

1. Entity Name
HARRISON AVENUE MEDICAL COMPLEX, INC.



Principal Place of Business
1827 HARRISON AVENUE
PANAMA CITY, FL 32405

Mailing Address
1827 HARRISON AVENUE
PANAMA CITY, FL 32405

94059897



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMBS, SAMUEL III
1827 HARRISON AVE
PANAMA CITY, FL 32405

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME COMBS, SAMUEL L III
STREET ADDRESS 1827 HARRISON AVENUE
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE D ☐ Change ☒ Addition
NAME Mark D Shaich
STREET ADDRESS 1827 Harrison Avenue
CITY-ST-ZIP Panama City, FL 32405

TITLE D ☐ Delete
NAME SMITH, KENNETH W
STREET ADDRESS 1827 HARRISON AVENUE
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE D ☐ Change ☒ Addition
NAME Thomas C. Mitchell
STREET ADDRESS 1827 Harrison Avenue
CITY-ST-ZIP Panama City, FL 32405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Cory R. Gaiser
STREET ADDRESS 1827 Harrison Avenue
CITY-ST-ZIP Panama City, FL 32405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Michael C. Noble
STREET ADDRESS 1827 Harrison Avenue
CITY-ST-ZIP Panama City, FL 32405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME David R. Dietrich
STREET ADDRESS 1827 Harrison Avenue
CITY-ST-ZIP Panama City, FL 32405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Rafael M. Williams
STREET ADDRESS 1827 Harrison Avenue
CITY-ST-ZIP Panama City, FL 32405

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Samuel L. Combs III* & *Samuel Combs III MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-785-6009

Daytime Phone #