

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # **S61178** (7)

1. Corporation Name
PANAMA CITY PODIATRY ASSOCIATES, P.A.

Principal Place of Business

**1228 AIRPORT ROAD
PANAMA CITY FL 32405**

Mailing Address

**1229 AIRPORT ROAD
PANAMA CITY FL 32405-3527**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

06/17/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3076020

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

**HOWARD, K.W.
2886 TUPELO DRIVE
PANAMA CITY FL 32405**

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 607.0102 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 of officer or director of corporation or registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	2. NAME
3. STREET ADDRESS	3. STREET ADDRESS
4. CITY - ST - ZIP	4. CITY - ST - ZIP
5. TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY - ST - ZIP	8. CITY - ST - ZIP
9. TITLE	9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY - ST - ZIP	12. CITY - ST - ZIP
13. TITLE	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY - ST - ZIP	16. CITY - ST - ZIP
17. TITLE	17.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	18. NAME
19. STREET ADDRESS	19. STREET ADDRESS
20. CITY - ST - ZIP	20. CITY - ST - ZIP

**P
HOWARD, K.W.
2886 TUPELO DRIVE
PANAMA CITY FL**

14. I further 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 the 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

K.W. Howard
SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 1997
Date

**904
747-3668**
Daytime Phone #

CR2E034 (9/96)