2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2014
Secretary of State
CC8825997494

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Entity Name: WEST FLORIDA MEDICAL CENTER CLINIC, P.A.

Current Principal Place of Business:

8333 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32514

Current Mailing Address:

8333 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32514

FEI Number: 59-2193856

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUSTON, GARY W
125 W ROMANA STREET
SUITE 800
PENSACOLA, FL 32501 US

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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	EVP	Title	CEO
Name	POPPLE, M. A	Name	MURRAY, JENNIFER M.D.
Address	8333 NORTH DAVIS HWY	Address	8333 NORTH DAVIS HWY
City-State-Zip:	PENSACOLA FL 32514	City-State-Zip:	PENSACOLA FL 32514
Title	PRES	Title	VP
Name	POWELL, RON M.D.	Name	JONES, DEREK M.D.
Address	8333 NORTH DAVIS HWY	Address	8333 NORTH DAVIS HIGHWAY
City-State-Zip:	PENSACOLA FL 32514	City-State-Zip:	PENSACOLA FL 32514
Title	ST		
Name	WELCH, KEVIN M.D.		
Address	8333 N DAVIS HWY		
City-State-Zip:	PENSACOLA FL 32514		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: M. A. POPPLE EVP 04/22/2014

Electronic Signature of Signing Officer/Director Detail — Date