

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

50 MAY -1 1995 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F88809 (1)

1. Corporation Name

DONALD J. WARNER, M.D., P.A.

Principal Place of Business

4 DELANO LANE, SEWALL'S POINT
SEWALL'S POINT
STUART FL 34996

Mailing Address

4 DELANO LANE, SEWALL'S POINT
SEWALL'S POINT
STUART FL 34996

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/29/1982

3a. Date of Last Report

04/06/1994

2. Principal Place of Business

21 1700 S.E. Hillmoor Dr.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 306

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Port St. Lucie FL

City & State

28 City & State

Zip

24 34952

Country

25 USA

Zip

29

Country

30

4. FEI Number

59-2200047

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. 100.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

WARNER, DONALD J., M.D.
4 DELANO LANE
SEWALL'S POINT
STUART FL 33494

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

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

(NOTE: Registered Agent signature required when amending)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PT
WARNER, DONALD J., M.D.
4 DELANO LN-SEWALL'S PT.
STUART FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
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CITY, ST, ZIP

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NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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 unchanged, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4/28/95

407-335-8100