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**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB -7 PM 4:09**

**DOCUMENT # J24563 (5)**

1. Corporation Name  
**AMELIA ISLAND SURGICAL ASSOCIATES, P.A.**

Principal Place of Business  
**1864 E. LIME ST.  
FERNANDINA BEACH FL 32034**

Mailing Address  
**1864 E. LIME ST.  
FERNANDINA BEACH FL 32034**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/15/1986** 3a. Date of Last Report **10/19/1994**

4. FEI Number **59-2691911** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**TAYLOR, ROBERT L, M.D.  
1750 E. LIME ST  
UNIT 3  
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**1864 E. Lime St.**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PTS**

NAME **TAYLOR, ROBERT L, M.D.**

STREET ADDRESS **7 RED MAPLE RD**

CITY-ST-ZIP **AMELIA ISLAND FL**

TITLE **D**

NAME **HALEY, WILLIAM K M.D.**

STREET ADDRESS **1887 RIDGEWOOD DR.**

CITY-ST-ZIP **FERNANDINA BCH FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP **Amelia Island, FL. 32034**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP **Fernandina Beach, FL. 32034**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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. 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 in person. 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 if amended, or on an attachment with an address.

SIGNATURE: **Robert L. Taylor, M.D. 2-3-95 (904) 261-0878**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR