FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 APR 17 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 520291 (6)

1. Corporation Name
F. DEWITT STANFORD, M.D., P.A.

Principal Place of Business	Mailing Address
1141 W 2ND AVE. P. O. BOX 707 WINDERMERE FL 34786	1141 W 2ND AVE. P. O. BOX 707 WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip # (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 12/15/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1708054 ☐ 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

STANFORD, F. DEWITT
1141 W 2ND AVE.
P. O. BOX 707
WINDERMERE FL 34786

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	PD (NO street mail - Box only) ☐ Change ☐ Addition
NAME	STANFORD, F. DEWITT	1 2 NAME	Stanford, F. DeWitt
STREET ADDRESS	~~1814 KUHL AVENUE~~ P. O. Box 707	1 3 STREET ADDRESS	1141 W 2nd Ave - (Box 707 mail)
CITY - ST - ZIP	~~ORLANDO FL~~ Windermere, FL 34786	1 4 CITY - ST - ZIP	Windermere, FL 34786
TITLE	ST	2 1 TITLE	ST. ☐ Change ☐ Addition
NAME	STANFORD,FAYE HOOD	2 2 NAME	Stanford, Faye Hood (Box 707 For mail)
STREET ADDRESS	~~1814 KUHL AVENUE~~ P.O. Box 707	2 3 STREET ADDRESS	1141 W 2nd ave
CITY - ST - ZIP	~~ORLANDO FL~~ Windermere, FL 34786	2 4 CITY - ST - ZIP	Windermere, FL.
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	500001459045
CITY - ST - ZIP		4 4 CITY - ST - ZIP	-04/18/95--01073--019
TITLE		5 1 TITLE	****200.00 ****200.00 ☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

RC

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 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 if changed, or on an attachment with an address.

SIGNATURE: F. DeWitt Stanford   Faye Hood Stanford   3-21-95   876-2872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

[signature] 3-13-95
LINDA M. ELLRICK & CO.   59-3047976
3100 HILLCREST ST. • ORLANDO, FL 3...   CP