

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **464498** (5)

1. Corporation Name
ROGER NICOL WILLIAMS, M.D.;P.A.



Principal Place of Business: **773 4TH AVE. N. NAPLES FLORIDA 33940**
Mailing Address: **773 4TH AVE. N. NAPLES FLORIDA 33940**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **11/01/1974**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: **59-1556232**
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

10. Name and Address of New Registered Agent

**WILLIAMS, ROGER NICOL
773 4TH AVE. N.
NAPLES FLORIDA 33940**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Section 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal 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 I accept the obligations of, s. 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*
Date: **2/26/1996**

ROGER NICOL WILLIAMS, M.D., P.A.

2/26/1996

12. OFFICERS AND DIRECTORS

P WILLIAMS, ROGER NICOL
3440 RUM ROW
NAPLES FL

D WILLIAMS, PAMELA COFFIN
3440 RUM ROW
NAPLES FL

D WILLIAMS, ROGER NICOL
3440 RUM ROW
NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:
15 TITLE: Change Addition
16 NAME:
17 STREET ADDRESS:
18 CITY-ST-ZIP:
19 TITLE: Change Addition
20 NAME:
21 STREET ADDRESS:
22 CITY-ST-ZIP:
23 TITLE: Change Addition
24 NAME:
25 STREET ADDRESS:
26 CITY-ST-ZIP:
27 TITLE: Change Addition
28 NAME:
29 STREET ADDRESS:
30 CITY-ST-ZIP:

14. I do hereby certify that the information furnished 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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* **ROGER NICOL WILLIAMS, M.D., P.A.**

941-2625226

2/26/1996

CR2E034 (12/95)