FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 474202

(9)

RONALD R. WILLEY, M.D., P.A.

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Mailing Address

FILE)
Jun 27 1997	8:00am
Secretary of	of State



1521 EAST DR CLEARWATER			1927 COVE CLEARWAT US	LANE ER FL 34624-	642 6								
				••				3. Date Incorporated or Qualified 3a. Date of Last Report 04/17/1975 05/21/1996					
2. Principal Place of Business			2a, Mailing	2a. Mailing Address				4. FEI Number		Applied For			
21			26					59-1586217		Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired	75 Additional se Required					
City & Stat 23	te		City & 28	State				Election Campaign Financing Trust Fund Contribution				May Be o Fees	
Zip 24	25	Country	Zip Country 29 30				8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes						
	g, Name and	Address of Curren	l Registered A	gent				10. Name and Address of New Re	gistered /	gent			
RAY	MOND, J. PAU	JL.			8	1	Name						
400	CLEVELAND S	STREET			8	2	Street Addr	ess (P.O. Box Number is Not Acceptab	le)				
752					8	3							
					8	4	City		FL	85	Zip (ode	
office or a agent. I a	am familiar with, a	and accept the obliga	ations of, Sectio	n 607.0505, I	Florida Statut	os		oration submits this statement for the p ion's board of directors. I hereby accep		onang bintme	ying II: int as	registered registered	
	Signature, lyped or pr	inted name of registered age OFFICERS AND		ile (N		/gor	u; signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE COL AND	DIOC	CTOD	CINITO	
12.	I PD	OFFICE NO AINL	DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFIC	EUS VIAD	Ch		Addition	
NAME	WILLEY, ROI	NAID R			1.2 NAM						u.,go		
STREET ADDRESS	1521 EAST [ADDRESS						
CITY-ST-ZIP	CLEARWATE				1.4 CITY								
TITLE	SD			DELETE	2.1 T(TLE					☐ Ch	ange	Additio	
NAME	RAYMOND,	J PAUL			2.2 NAM	Έ							
STREET ADDRESS	400 CLEVEL				2.3 STRE	ET A	ADDRESS						
CITY-ST-ZIP	CLEARWATE	R, FL 00000			2. 4 CITY	۲-S	1-2IP						
TITLE				DELETE	3.1 T(T) 8	F				Ch	ange	Additio	
NAME					3.2 NAM	E							
STREET ADORESS					3.3 STRE	E1./	ADDRESS						
CITY-ST-ZIP					3.4. CITY		T-ZIP						
TITLE				☐ DELETE	4.1 7(1).5	Ē				☐ Ch	ange	Addition	
NAME					4. 2 NAN								
STREET ADDRESS					4.3 STRE	ET /	ADDRESS						
CITY-ST-ZIP				Delete	4.4 CITY		- ZIP			110		- Address	
TITLE				☐ DELETE	5.1 1111.5					☐ Ch	ange	Addition	
NAME					5.2 NAM								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP				DELFTE	5.4 CITY	_	- ZIP				2000	Addition	
TITLE				L DELETE	6.1 1/118					∐ Ch	ange	Addition	
NAME					6.2 NAM								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP	I				6.4 CITY	- ST	- Z (P						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplomental 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 chapted, or on an attachment withyan actives.