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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 474202

1. Corporation Name

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

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90029 031 ***150.00



Principal Place	e of Business	Mailing Address			·
1927 COVE LN		1927 COVE LANE			
CLEARWATER F	FL 33764	CLEARWATER FL 33764			
US		US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					04/17/1975
0 Data da al D	less of Discionary	2a. Mailing Address			4. FEI Number Applied For
2. Principal P	lace of Business	H-1			
21		26			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Sa.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State	City & State		6, Election Campaign Financing S5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	,	8. This corporation owes the current year Intangible 7
-	السام			,	Personal Property Tax.
24	25		30		10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
541	MAND I BALK		81	Name	
RAYMOND, J. PAUL			82	Street Add	dress (P.O. Box Number is Not Acceptable)
400	CLEVELAND STREET		"	SileerAde	dress (1.0. box realization to text recognissis)
CLEARWATER FL 34617			83	1	
					- 1987年 - 「おり」 「おり」 「おり」 「おり」 「おり」 「おり」 「おり」 「おり」
			84	City	85 Zip Code
A 1150			}		FL T T T T T T T T T
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abov	e-named cor	rporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of Im familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by da Statute	the corporation.	tion's board of directors. I hereby accept the appointment as registered
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered agen	· · · · · · · · · · · · · · · · · · ·	Registered Age	rnt signature requi	red when reinstating) DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLEY, RONALD R		1.2 NAME		
STREET ADDRESS	4007 00VE 111		1.3 STREE	T ADDRESS	
	CLEARWATER FL 33764		1.4 CITY-		
CITY-ST-ZIP		☐ DELETE		31-ZIF	☐ Change ☐ Addition
TITLE	SD	C) DECEIE	2,1 TITLE		
NAME	RAYMOND, J PAUL		2.2 NAME		
STREET ADDRESS	400 CLEVELAND ST		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000		2.4 CITY-	ST-ZIP	
	OLD WINKER, 12 GOOD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
TITLE			1		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETÉ	4.1 TITLE		☐ Change , ☐ Addition
NAME	1		4, 2 NAME	:	
			I.		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	Charre C Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	ET ADDRESS	
	1.1		C 4 CFTV		
CITY-ST-ZIP	ı		5.4 CITY-	ST-ZIP	
TITLE		□ DELETE		ST-ZIP	☐ Chanoe ☐ Addition
		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	31. X	☐ DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
	Section 1	☐ DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition

14. I 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 supplemental annual report is five 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 eceiver or trusted 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 attackment with an address, with all other like empowered.

SIGNATURE: