

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 474202

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: RONALD R. WILLEY, M.D., P.A.

**Current Principal Place of Business:**

1927 COVE LN  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**

1927 COVE LANE  
CLEARWATER, FL 33764 US

**New Mailing Address:**

1927 COVE LN  
CLEARWATER, FL 33764 US

FEI Number: 59-1586217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAYMOND, J. PAUL  
625 COURT STREET  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLEY, RONALD R,  
Address: 1927 COVE LN  
City-St-Zip: CLEARWATER, FL 33764

Title: SD ( ) Delete  
Name: RAYMOND, J PAUL,  
Address: 625 COURT STREET  
City-St-Zip: CLEARWATER, FL 33756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD R. WILLEY

PD

02/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date