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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

481361

(4)

THOMAS B. WILLIAMS M.D., P.A.

Principal Place of Business Mailing Address						. 1181 81811 81811 8	JUIL BIULL	. EIQII QIQII (QQI	
1717 NORTH SUITE 221 PENSACOLA		1717 NORTH E ST. SUITE 221 PENSACOLA FL 32501	1						
TENOROGE TE GEOF			•			3. Date incorporated or Qualified 3a. Date of Last Report 08/01/1975 01/19/1995			-r- ·
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For
21		26				59-1615105		I	Not Applicable
Suite, Apt. # 22		Suite, Apt. #, etc.	¬ '' '			5. Certificate of Status Desired Series Seri			
City & State		Oity & State	<del></del> -			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Gountry	Zιρ	Zip Country			8. This corporation has liability for intangible tax under s 199.032,			
24	25 29		30	<b>,</b>		Florida Statutes Yes No			
	9. Name and Address of Currer	nt Registered Agent		ļ.,		10. Name and Address of New R	egistered Age	nt	
				81	Name				
	is, thomas B E. St., suite 221			82	Street Addr	ss (P.O. Box Number is Not Acceptable)			
PENSAC	OLA FL 32501			83					
				84	City		FI	BS Zip	Code
or registere	o the provisions of Sections 607.0502 of agent, or both, in the State of Flori in and accept the obligations of, Sect	da. Such change was authoriz	ed by the	corp	named corpor poration's boar	ation submits this statement for the purp of directors. I hereby accept the appo	pose of changi pose of changi post as rec	ng its ri istered	egistered office agent. I am
SIGNATURE _	Signal in: typed or proted hable of registence aged								
	OFFICERS AN		13.		nt signature required	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DI	DECTO	10 INI 20
100F	PD	DELETE		11TLE		ADDITIONS/OFFANGES TO OFF		Change	Addition
NAME	WILLIAMS, THOMAS B	-		IAME					
STREET ADDRESS	1717 NE ST STE. 221		1 3 STRE		T ADDRESS				
CDY ST ZP	PENSACOLA FL		140	OHY-S	ST-ZIP				
10126	VD	☐ DELETE		TITLE				Change	☐ Addition
NAMI	BONDURANT, ROBERT E			2 2 NAME					
STREET ADDRESS	1717 NE ST STE.221		239	STREET	T ADDRESS				
COTY ST ZIP	PENSACOLA FL		240	DITY - S	S1-7IP				
TAFLE	STD	DELETE	3 1	THLE				Change	☐ Addition
NAMI	WILLIAMS, CATHERINE J.		321	IAME					
STEEL ADDRESS	1717 N. E. ST. SUITE 221		33	STREE	T ADDRESS				
CIT+-ST ZIP	PENSACOLA FL	F DELETE			S1 - ZIP				
TI'LE		_		4 1 TITLE			ш	Change	Addition
NAME				NAME					
STREET ADDRESS					1 ADDRESS				
CHY-SE-ZIP TILLE		DELETE		CHTY-S TITLE	ST-ZIP			Change	Addition
NAME		[ ] bittie					L) (	v rande	L_J Addition
STELL LADURESS				NAME STOCET	TANNBECC				
CHY-ST ZIP				5 3 STREET ADDRESS 5 4 CITY - ST - ZIP					
TILF				TITLE			П	Change	☐ Addition
NAMI		L		AME					
STREET ADDRESS					T ADDRESS				
CUT SE-ZIF					ST-ZIP				
<b>14.</b> Edo hereby	y certify that the information supplied the information undicated on this applied	with this filing is voluntarily furn	ished and	l doe	es not quality for	or the exemption stated in Section 119.	07(3)(k), Florida	Statut	es. I further

4. To he early deathy make the information supplied with this limits led and obes not quality for me exemption stated in Section 119.07(3)(k), Indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made unde 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 attackynent with an address.

SIGNATURE:

CHATURE AND TYPED OR PRINT O NAME OF SIGNING OFFICER OR DIRECTOR

124 96 904-432 5147

CR2E034 (12/95)