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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 520291 (6)
1. Corporation Name
F. DEWITT STANFORD, M.D., P.A.

Principal Place of Business Mailing Address
1141 W 2ND AVE. 1141 W 2ND AVE.
P. O. BOX 707 P. O. BOX 707
WINDERMERE FL 34786 WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1976	3a. Date of Last Report 05/01/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1708054	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	6. This corporation has liability for franchise tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
STANFORD, F. DEWITT 1141 W 2ND AVE. P. O. BOX 707 WINDERMERE FL 34786				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STANFORD, F. DEWITT	1.2 NAME	Stanford, F. DeWitt
STREET ADDRESS	1141 W 2ND AVE	1.3 STREET ADDRESS	1141 W 2nd Ave - (Box 707 mail)
CITY - ST - ZIP	ORLANDO FL Windermere, FL 34786	1.4 CITY - ST - ZIP	Windermere, FL 34786
TITLE	ST	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STANFORD, FAYE HOOD	2.2 NAME	Stanford, Faye Hood
STREET ADDRESS	1141 W 2ND AVE	2.3 STREET ADDRESS	1141 W 2nd Ave
CITY - ST - ZIP	ORLANDO FL Windermere, FL 34786	2.4 CITY - ST - ZIP	Windermere, FL (Box 707 for mail)
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	500001459045
CITY - ST - ZIP		4.4 CITY - ST - ZIP	-04/18/95--01073--019
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: F. DeWitt Stanford Faye Hood Stanford 3-21-95 876-2822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LINDA H. ELDRICK & CO. 3-13-95
2100 MILLCREEK ST. ORLANDO, FL 32804