

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 536733 (9)

1. Corporation Name

RICHARD C. CHILDERS, M.D. P.A.



Principal Place of Business

928 N.W. 57TH STREET  
GAINESVILLE FL 32605

Mailing Address

928 N.W. 57TH STREET  
GAINESVILLE FL 32605

3. Date Incorporated or Qualified

06/02/1977

3a. Date of Last Report

02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-1745435

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHILDERS, RICHARD C.  
928 N.W. 57TH ST.  
GAINESVILLE FL 32605

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Richard C. Childers*

(NOTE: Registered Agent signature required when re-installing)

DATE

1/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
NAME: PD  
STREET ADDRESS: CHILDERS, RICHARD C.  
CITY-STATE-ZIP: 928 N.W. 57TH ST.  
GAINESVILLE FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

2.1 TITLE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

3.1 TITLE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

4.1 TITLE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Richard C. Childers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

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CR2E034 (12/95)