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

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DOCUMENT #
1. Corporation Name

560098

(6)

William W. Buckingham,	M.D.,	P.A.
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	AN W. BUCKINGRAM, M.								
Principal Place	of Business	Mailing Address			(100 101 0 1110 0 1111 0 0 1111 0 0 1111		1811 81811 811	THE MINISTER SO	
1801 BARR	S ST	1801 BARRS ST							
3008	'ILLE FL 32204	STE 3008	1 20004						
US	ILLE FL 32204	JACKSONVILLE F US	L 32204		3. Date Incorporated or Qualified	3a. Date	of Last R	eport	
					02/17/1978		01/25/1	995	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			59-1796778			Not Applicable	е
Suite, Apt. # 22	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & State 23		City & State			6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	
Zip	Country	Zip	Cou	untry	8. This corporation has liability 6	r intangible ta	x under s	199.032,	
24	25	29	30		Florida Statutes Ye				
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered A	Agent		\Box
				81 Name					
BUCKI	ngham, william w			62 Street Addre	ess (P.O. Box Number is Not Accepta	ble)			
	BARRS ST					·			
STE 30				63					
JACKS	SONVILLE FL FL 32204			84 City		FL	85 Zıp	p Code	\dashv
11 Pursuant to	a the provisions of Sections 607.050	2 and 607 1508. Florida Sta	tutes the abo	No pamod corpor	ation submits this statement for the su		100 100	colored off	_
or registers	ed agent, or both, in the State of Flo	rida. Such change was au i	prized by inc	corporation 1 boar	ation submits this statement for the prid of directors. I hereby accept the ap-	urpose oi cha pointment a s	nging its r registered	egistered отк . agent. I am	ж
familiar witi	h, and accept the obligations of, Sec	ction 60/0505, Flyida Siyu	ites. (Si	igned in	= enno	0-15	- LIC	2	
SIGNATURE:	Slip at its, typical or printed name of registered age	- Whyhr	/NOTE: Recustures	Agent signature required	Tutas minutatos	<u> </u>	v P/]	10	- -
12.		ND DIRECTORS	13.	a William and and and and and an an and an and an and an an	ADDITIONS/CHANGES TO OF	FICERS AND	DIBECTO	RS IN 12	R2F034 (12/95)
TillE	PSD	DELETE	1.11	liřtě			Change	Addition	≥
NAMe	BUCKINGHAM, WILLIAM V	V	1.2 N	AME .		_	•		4
STREET ADDRESS	1801 BARRS ST, 300B	•	1.3 \$	TREET ADDRÉSS					8
CHY+S1+ZiP	JACKSONVILLE FL			ITY-ST-ZIP					۱ ا
TILE	VTD	DELFTE	2 1 1			T	Change	☐ Addition	
NAM:	BUCKINGHAM, JULIE C		2 2 N	AME		_	-		
STREET ADDRESS	1801 BARRS ST., STE 300	OB .	235	TREET ADDRESS					
City+\$1+ZiP	JACKSONVILLE FL		24C	ITY - ST - 2(P					
10115		☐ DELETE	3 1 1	ITLE			Change	Addition	ヿ
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CiTY+S1-ZiF				ITY - S1 - ZIP					
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NAME			4.2 N	AME					1
STREET ACORESS			4.3 S	TREET ADDRESS					
City St Zir		D Dri Evr		ITY - ST - ZIP					_
TificE		☐ DELETE	5 1 7] Change	Addition Addition	
NAME CALCE CONTRACTOR			52N						ĺ
STAFF ' A'DDRESS			1	TREET ADDRESS					
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Hite Make		Dottrift	6 1 T			Ĺ.] Change	Addition	- 1
NAME CIMELY ANDDESC			62 N						
STHEET ADDRESS				TREET ADDRESS					
14. I do hereby	l vicertify that the information supplied) with this fling is voluntarily f		does not qualify fo	or the exemption stated in Section 119	07/31/41 Fto	rida Statut	oc I further	\dashv
certily that oath; that I	the information indicated on this ani	iual report or supplemental a poration or the receiver or true	annual reporti stee empowe	is true and accurat	or the exemplion stated in Section 11st te and that my signature shall have the s report as required by Chapter 607, F	e same legat i	effect as if	made under	

SIGNATURE:

MATCHE AND TYPE DESTRUCTION IN AMERICAN SOLICE OR DIRECTOR BUCKINGUAM DATO / FEB/96 904