FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **560947** **(4)**

1. Corporate Name
LARACH & WILLIAMSON, M.D., P.A.

Principal Place of Business
110 W. UNDERWOOD ST
% SERGIO W. LARACH
ORLANDO FL 32806

Mailing Address
110 W. UNDERWOOD ST
% SERGIO W. LARACH
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **03/01/1978**
3a. Date of Last Report: **11/03/1994**

2. Principal Place of Business
21
Suite Apt # or
22
City & State
23
24 25

2a. Mailing Address
26
Suite Apt # or
27
City & State
28
29 30

4. FEI Number: **59-1805986** 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. Is the corporation a small business as defined in section 288.703(1) Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LARACH, SERGIO W.
110 W. UNDERWOOD ST
ORLANDO FL 32806

10. Name and Address of New Registered Agent
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 Section 607.0505, Florida Statutes, the above named corporation submits the 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 hereby agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Address
PSD	LARACH, SERGIO W., M.D.	110 W. UNDERWOOD ST ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Address	
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in 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 a director or officer 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 of this document or was added by attachment with an address.

SIGNATURE: P.R. Williamson
SIGNATURE AND TYPE OR PRINT THE NAME OF A DIRECTOR OR OFFICER
PAUL R. WILLIAMSON, M.D. V.P.

5-8-95
Date

407-422-3790
Daytime Phone

0064445 CP