

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 28 1997 8:00am
Secretary of State

DOCUMENT # 592121

(8)

1. Corporation Name

RONALD A. MADDUX, M.D., P.A.



Principal Place of Business

109 DOCTOR'S PARK
MILTON FL 32570

Mailing Address

109 DOCTOR'S PARK
MILTON FL 32570-4007

3. Date Incorporated or Qualified

11/02/1978

3a. Date of Last Report

02/07/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1878230

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MADDUX, RONALD A.
109 DOCTOR'S PARK
MILTON FL 32570

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons named as registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME
MADDUX, RONALD A., M.D.
STREET ADDRESS
109 DOCTOR'S PARK
CITY - ST - ZIP
MILTON FL

13. ☐ Change ☐ Addition

11 TITLE ☐ DELETE

NAME
MADDUX, RONALD A., M.D.
STREET ADDRESS
109 DOCTOR'S PARK
CITY - ST - ZIP
MILTON FL

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

11 TITLE ☐ DELETE

NAME
MADDUX, RONALD A., M.D.
STREET ADDRESS
109 DOCTOR'S PARK
CITY - ST - ZIP
MILTON FL

21 TITLE ☐ Change ☐ Addition

11 TITLE ☐ DELETE

NAME
MADDUX, RONALD A., M.D.
STREET ADDRESS
109 DOCTOR'S PARK
CITY - ST - ZIP
MILTON FL

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

11 TITLE ☐ DELETE

NAME
MADDUX, RONALD A., M.D.
STREET ADDRESS
109 DOCTOR'S PARK
CITY - ST - ZIP
MILTON FL

31 TITLE ☐ Change ☐ Addition

11 TITLE ☐ DELETE

NAME
MADDUX, RONALD A., M.D.
STREET ADDRESS
109 DOCTOR'S PARK
CITY - ST - ZIP
MILTON FL

41 TITLE ☐ Change ☐ Addition

11 TITLE ☐ DELETE

NAME
MADDUX, RONALD A., M.D.
STREET ADDRESS
109 DOCTOR'S PARK
CITY - ST - ZIP
MILTON FL

51 TITLE ☐ Change ☐ Addition

11 TITLE ☐ DELETE

NAME
MADDUX, RONALD A., M.D.
STREET ADDRESS
109 DOCTOR'S PARK
CITY - ST - ZIP
MILTON FL

61 TITLE ☐ Change ☐ Addition

11 TITLE ☐ DELETE

NAME
MADDUX, RONALD A., M.D.
STREET ADDRESS
109 DOCTOR'S PARK
CITY - ST - ZIP
MILTON FL

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 it changed, or on an attachment with an address.

SIGNATURE:

Ronald A. Maddux, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97

Date

904-623-9453

Daytime Phone #

CR2E034 (9/96)