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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 601131 (6) WILLIAM E. CHAMBERS, M.D., P.A.										
Principal Place of Business 220 S W 15TH ST OCALA FL 34474-4084			Mailing Address 220 S W 15TH ST							
OGNER PE 34	19/9-9009	'	OCALA FL 34474-4084	•		-:	3. Date Incorporated or Qualified	30 D	ate of Last Fi	Poport
							06/25/1969		01/23/19	
2. Principa! Plac	ce of Business	2a. 26	Mailing Address			•	4. FEI Number 59-1264334	_ J		Applied For Not Applicable
Suite, Apt #.	, etc.	F-3	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	5 Additional
City & State		27	City & State				Floation Compaign Fungacing			Required
23		28	City d Glate			'	 Election Campaign Financing Trust Fund Contribution 			00 May Be ed to Fees
Ζp	Country	- 1	Zip	Countr	У		B. This corporation has liability for		tax under s	199.032
24	25 9. Name and Address of Curre	29 ent Regist	tered Agent	30			Florida Statutes Yes 9. Name and Address of New F	No.	d Agent	
	S. Halle and Addison of Callo	in riogis.		8	Name	<u>-</u>	y, Hamo and Address of fiew i	icgistore	o Agent	
CHAMBERS, WILLIAM E.					82 Street Add		P.O. Box Number is Not Acceptat	ole)		
220 S. W OCALA F	V. 15TH STREET FL 34474			83	3					
				84	City				85 7	ıp Code
11 Pursuan' to	the provisions of Sections 607.050	12 and 607	7 1508 Florida Statut	ne the shove	named con	r v v ahev	Submite this statement for the nu	F		ranietarad office
or registered	d agent, or both, in the State of Flor n, and accept the obligations of, Sec	oda Such	change was authorize	ed by the cor	poration's b	oard of	directors. Thereby accept the app	ointrient :	as registered	d agent I anı
SIGNATURE										
SIGNATURE	ignature, typed or printed name of registered ager	Stald Meilla	իանդութարայի (ՄՎՄ)	HE. Rogistered Ag	ent Signarune Fer;	pried when	ren statu qi	DATE		
12.	OFFICERS AN			IIE. Registered Ag	erc Signal are Fer	pared when	renstativg) ADDITIONS/CHANGES TO OFF		ND DIRECTO	ORS IN 12
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oath; that I am an officer or director of the corporation or the receiver or truste empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or one of the corporation of the receiver or truste empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or one of the receiver or truste empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or one of the receiver or truste empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or one of the receiver or truste empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or one of the receiver or truste empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or one of the receiver or truste empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or one of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed in the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed in the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and the receiver of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes in the receiver of the

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William F. Chambara M.D. Droaddont

(352) 622-4510

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