

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 # 602527 (4)

1. Corporation Name

WILLIAM R. RUNDLES MD PA



Principal Place of Business

Mailing Address

5795 TAYLOR BR RD
PORT ORANGE FL 32127
US

5795 TAYLOR BR RD
PORT ORANGE FL 32127
US

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

24 25 29 30

3. Date Incorporated or Qualified

11/16/1970

3a. Date of Last Report

04/28/1995

4. FEI Number

94-2352589

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUNDLES, W R MD
1705 SKY HAWK COURT
DAYTONA BEACH FL 32124

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 officer 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, typed or printed name of registered agent and title (applicable)

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME RUNDLES, W R, MD
STREET ADDRESS 1705 SKY HAWK CT.
CITY-ST-ZIP DAYTONA BCH, FL 00000

TITLE ST ☐ DELETE
NAME SCHMIDT, EMMY
STREET ADDRESS 301 JOY RD
CITY-ST-ZIP PORT ORANGE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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13. TITLE ☐ Change ☐ Add or
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16. CITY-ST-ZIP ☐ Change ☐ Add or

17. TITLE ☐ Change ☐ Add or
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP ☐ Change ☐ Add or

21. TITLE ☐ Change ☐ Add or
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP ☐ Change ☐ Add or

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96 904-756-0064
Date Daytime Phone #

CR2E034 (12/95)