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

95 FEB 27 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **602649** **(6)**

1. Corporation Name

WILLIAM R. FAUST M.D., PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
ASSOCIATION 917 W LINEBAUGH AVE TAMPA FL 33612	ASSOCIATION 917 W LINEBAUGH AVE TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **12/29/1971**
3a. Date of Last Report: **04/21/1994**
4. FEI Number: **59-2008772** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FAUST, WILLIAM R 917 W LINEBAUGH TAMPA FL 33612	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☒ Change ☐ Addition
NAME	SEELEY, RONALD	12 NAME	Ronald Seeley
STREET ADDRESS	3000 W BUFFALO AVE	13 STREET ADDRESS	3000 W DR MARTIN LUTHER KING JR BLVD
CITY-ST-ZIP	TAMPA, FL 00000	14 CITY-ST-ZIP	TAMPA FL
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	FAUST, WILLIAM R	22 NAME	
STREET ADDRESS	917 W LINEBAUGH AVE	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☒ Change ☐ Addition
NAME	SMITH, GEORGE	32 NAME	SMITH, GEORGE
STREET ADDRESS	10549 N FLORIDA AVE	33 STREET ADDRESS	13512 GIBBONS PASS
CITY-ST-ZIP	TAMPA, FL 00000	34 CITY-ST-ZIP	TAMPA FL 33612
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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 changed, or on an attachment with an address.

SIGNATURE: X _____ William R. Faust 1/23/95 813-935-8615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP