

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 602649 (6)

1. Corporation Name  
**WILLIAM R. FAUST M.D., PROFESSIONAL ASSOCIATION**



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

3. Date Incorporated or Qualified: 12/28/1971  
3a. Date of Last Report: 02/27/1995  
4. FEI Number: 59-2008772  
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

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

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: [Signature] DATE: 4/9/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S SEELEY, RONALD 300 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 00000	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY - ST - ZIP		4. CITY - ST - ZIP	
TITLE	P FAUST, WILLIAM R 917 W LINEBAUGH AVE TAMPA, FL 00000	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE	V SMITH, GEORGE 13512 GIBBONS PASS TAMPA, FL 00000	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	Smith, George
CITY - ST - ZIP		34. CITY - ST - ZIP	5026 Umber Way N Tampa, FL 33624
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), 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 changes, or on an additional page with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 813-935-8615  
DATE TIME

CR2E034 (12/95)