

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

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State

1995

6-23-95

B-6883

NC

DOCUMENT # 602661

(1)

APPROVED
AND
FILED

15 MAY 23 1995

REC'D BY CLERK
JUL 10 1995

WILLIAMS KNEE CLINIC, P.A.

Print Page Number of Document

Missing Address

4203 BELFORT ROAD
SUITE 150
JACKSONVILLE FL 32216

4203 BELFORT ROAD
SUITE 150
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. (Date incorporated or organized)	3a. Date of last Report
01/21/1971	03/04/1994
4. Filing Number	Applied For
59-1312694	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
6. The corporation has adopted the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA)	Yes ☐ No ☐

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, JOHN WEBSTER, JR.
4203 BELFORT RD, STE 150
JACKSONVILLE FL 32216

81. Name	
82. Street Address (If No Number is Not Applicable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 602, 603, and 607, Florida Statutes, this document is filed 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of being a registered agent, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFF	PD		☐ Change ☐ Addition
NAME	WILLIAMS, JOHN W. JR.		
STREET ADDRESS	4203 BELFORT RD #150		
CITY & STATE	JACKSONVILLE FL		
OFF	S		☐ Change ☐ Addition
NAME	WILLIAMS, SUSAN JOAN		
STREET ADDRESS	4203 BELFORT RD #150		
CITY & STATE	JACKSONVILLE FL		
OFF	D		☐ Change ☐ Addition
NAME	HOCKER, JOHN T.		
STREET ADDRESS	4203 BELFORT RD #150		
CITY & STATE	JACKSONVILLE FL		
OFF	D		☐ Change ☐ Addition
NAME	FIPP, GEORGE		
STREET ADDRESS	4203 BELFORT RD #150		
CITY & STATE	JACKSONVILLE FL		
OFF			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY & STATE			
OFF			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY & STATE			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 602(2)(b), Florida Statutes. I further certify that the information is included on the annual report or supplemental filing report as true and correct and that my signature below the filing information certifies that the information is true and correct. I am an officer or director of the corporation and am empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing report or in an attached filing report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.D.

5-17-95 904 296-2131