FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995 5-23-95

FLORIDA DEPARTMENT OF STATE

B-6883 NC

APPROVED AND FILED

95 MAY 23 AM 10:15

DOCUMENT # 602661 (1)

1. Corporation Name

WILLIAMS KNEE CLINIC, P.A.

Principal Place of Business
4203 BELFORT ROAD
SUITE 150
JACKSONVILLE FL 32216

Mailing Address
4203 BELFORT ROAD
SUITE 150
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 01/21/1971
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-1312694 — 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

2. Principal Place of Business — 2a. Mailing Address

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, JOHN W. JR.
STREET ADDRESS	4203 BELFORT RD #150
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S
NAME	WILLIAMS,SUSAN JOAN
STREET ADDRESS	4203 BELFORT RD #150
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	HOCKER, JOHN T.
STREET ADDRESS	4203 BELFORT RD #150
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	FIPP, GEORGE
STREET ADDRESS	4203 BELFORT RD #150
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. [illegible]

SIGNATURE: John W Williams M.D. 5-17-95 904 296-2131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0010483 CP