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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(1)

1. Corporation Name

WILLIAMS KNEE CLINIC, P.A.  Diseiral Place of Business  Mailing Address						
Principal Place of Busin		Mailing Address	AD.			
4203 BELFORT RO SUITE 150	OAD	4203 BELFORT RO SUITE 150	AU			
JACKSONVILLE FL 32216		JACKSONVILLE FL	32216	3. Date Incorporated or Qualified		
2. Principal Place of E	Business	2a. Mailing Address		4. FEI Number		Applied For
i)		26		59-1312694	60.	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	☐ Fe	75 Additional e Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	∐ Ad-	.00 May Be ded to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	intangible tax under  No	s 199.032,
4	25	29	<u> [30]</u>	Florida Statutes Yes  10. Name and Address of New R		
9. 1	Name and Address of Current	Hegistereo Agent	81 Name	10. Haine and Address of How to		
148111440	IOUN WEDSTED ID			Address (P.O. Box Number is Not Acceptab	vie)	
	JOHN WEBSTER, JR.		82 Street	Address (P.O. Box Number is Not Acceptate		
4203 BELFORT RD, STE 150 JACKSONVILLE FL 32216			83			
WHO NO OTHER	ILLE I C OLL IV		84 City		85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and			'		┡┖╸	,
DIONATUDE	d accept the obligations of, Section	on 607,0505, Florida Statuli	es.			
familiar with, and	accept the obligations of, Section to the community of th	on 607,0505, Fiorida Statuli asi Media cental D DIRECTORS	(S) Hogsten: Ajent signative i	ADDITIONS/CHANGES TO OFF		
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SIGNATURE:

SIGNING OFFICER OF DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF

4-11-96 904 296-2131 Daytone France