

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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
05/23/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

SIGNATURE

Signature typed or printed name of registered agent and filed address

Date Registered Agent signature received when must filing

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, JOHN W. JR.
STREET ADDRESS 4203 BELFORT RD #150
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE S
NAME WILLIAMS, SUSAN JOAN
STREET ADDRESS 4203 BELFORT RD #150
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE D
NAME HOCKER, JOHN T.
STREET ADDRESS 4203 BELFORT RD #150
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE D
NAME FIPP, GEORGE
STREET ADDRESS 4203 BELFORT RD #150
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

904 296-2131

(Date)

Daytime Phone #

CR2E034 (12/95)