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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # 602663 (7)  1. Corporation Name  W.W. ANDREWS M.D., P.A.						1488 1484 <b>818</b> 11 <b>818</b> 11 <b>8</b> 48		
Principal Place of Business Mai 3105 N 22ND ST			aling Address 3105 N 22ND ST					
TAMPA FL S	33605		TAMPA FL 33605			3, Date Incorporated or Qualified 01/20/1971	3a. Date of Las	st Report 3/1995
2. Principal Plac	ce of Business	<b>2</b> a.	, Mailing Address	- <del></del>		4. FEI Number		Applied For
Suite, Apt. #,	elc.	26	Suite, Apt. #, etc.			59-1311556	\$8	Not Applicable 75 Additional
2	, old.	27	outo, i pa il oto.			5. Certificate of Status Desired	1 1	ee Required
City & State		28	City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be
Zip	Country		Zip	Count	ry	8. This corporation has liability for		
4	25 g. Name and Address of Cur	29 rent Regis	stered Agent	30		Florida Statutes J Yes  10. Name and Address of New F		
	g. Hame and Addition of Our	. 3 110810		8	1 Name		J	
ANDREWS,W W				8	2 Street Add	dress (P.O. Box Number is Not Acceptat	ble)	
3105 N 22ND ST					7001000 ( Table 1			
TAMPA	FL 33605			8	3			
				8	4 City	· · · · · · · · · · · · · · · · · · ·	FL B5	Zip Code
or registere familiar with	the provisions of Sections 607.00 d agent, or both, in the State of F h, and accept the obligations of, S	lorida. Suci	h change was authorize	ed by the col	named corporation's box	oration submits this statement for the pu ard of directors. I hereby accept the app	irpose of changing pointment as registe	ered agent. I am
or registere familiar with	d agent, or both, in the State of F	lorida. Such section 607.	n change was authorize ,0505, Florida Statutes applicace (NO	ed by the co	rporation's boa	oration submits this statement for the pu- lard of directors. I hereby accept the appured when renstating!  ADDITIONS/CHANGES TO OFF	DATE	
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cath; that I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 (8H)2474502