

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

APPROVED
AND
FILED

SE MAY - 1 AM 10:40

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Barbara B. Moxham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 603247 (8)
1. Corporation Name WILLIAM H. NASS, M.D., P.A.

Principal Place of Business 209 THAYER AVENUE PENSACOLA FL 32507 US	Mailing Address 209 THAYER AVENUE PENSACOLA FL 32507 US
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2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 12/01/1971	3a. Date of Last Report 02/01/1994
4. FEI Number 59-1370258	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 NASS, WILLIAM H MD 209 THAYER AVENUE PENSACOLA FL 32507	
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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	

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
(Signature must be printed and signed by the registered agent or the corporation's board of directors)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
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CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	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 Sections 110.07(3)(b), 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: *William H Nass MD* *William H. Nass MD* 27 Apr 95 904-455-5290
(Signature and Typed or Printed Name of Signing Officer or Director)