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

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAR -6 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 636633 (0)

1. Corporation Name
JAMES W. DEFORD, M.D., P.A.

Principal Place of Business
720 S.W. 2ND AVE STE 311
GAINESVILLE FL 32601-1212

Mailing Address
720 S.W. 2ND AVE STE 311
GAINESVILLE FL 32601-1212

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 09/12/1979
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-1934417 ☐ 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
DEFORD, JAMES W.
720 SW 2ND AVENUE 311
SUITE 311
GAINESVILLE FL 32601

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 607.0502 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | S |
| NAME | LEIBACH, JOHN R |
| STREET ADDRESS | STE 311 |
| CITY-ST-ZIP | GAINESVILLE, FL 00000 |
| TITLE | PD |
| NAME | DEFORD, JAMES W |
| STREET ADDRESS | STE311 |
| CITY-ST-ZIP | GAINESVILLE, FL 00000 |
| TITLE | V |
| NAME | BURNS, THEODORE W. |
| STREET ADDRESS | STE311 |
| CITY-ST-ZIP | GAINESVILLE FL |
| TITLE | D |
| NAME | MAICO, DANIEL G. |
| STREET ADDRESS | STE 311 |
| CITY-ST-ZIP | GAINESVILLE FL |
| TITLE | D |
| NAME | DIAVOLITIS, STAUROS |
| STREET ADDRESS | 720 SW 2ND AVENUE STE 311 |
| CITY-ST-ZIP | GAINESVILLE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | | ☒ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | 720 SW 2nd Avenue, Suite 311 | |
| 1.4 CITY-ST-ZIP | Gainesville, FL 32601-1212 | |
| 2.1 TITLE | | ☒ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | 720 SW 2nd Avenue, Suite 311 | |
| 2.4 CITY-ST-ZIP | Gainesville, FL 32601-1212 | |
| 3.1 TITLE | | ☒ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | 720 SW 2nd Avenue, Suite 311 | |
| 3.4 CITY-ST-ZIP | Gainesville, FL 32601-1212 | |
| 4.1 TITLE | | ☒ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | 720 SW 2nd Avenue, Suite 311 | |
| 4.4 CITY-ST-ZIP | Gainesville, FL 32601 | |
| 5.1 TITLE | | ☒ Change ☐ Addition |
| 5.2 NAME | Diavolitsis, Stavros | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | 32601-1212 | |
| 6.1 TITLE | D | ☐ Change ☒ Addition |
| 6.2 NAME | Wasjman, Renata | |
| 6.3 STREET ADDRESS | 720 SW 2nd Avenue, Suite 311 | |
| 6.4 CITY-ST-ZIP | Gainesville, FL 32601-1212 | |

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)(i), 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] 2/28/95 904-375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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