

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **09/12/1979**  
3a. Date of Last Report: **03/06/1995**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29  
25. Country: 29. Country

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 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

11.1 TITLE	<input type="checkbox"/> DELETE	S
11.2 NAME		LEIBACH, JOHN R.
11.3 STREET ADDRESS		720 SW 2ND AVE., SUITE 311
11.4 CITY-STATE-ZIP		GAINESVILLE, FL 00000
11.5 TITLE	<input type="checkbox"/> DELETE	PD
11.6 NAME		DEFORD, JAMES W
11.7 STREET ADDRESS		720 SW 2ND AVE., SUITE 311
11.8 CITY-STATE-ZIP		GAINESVILLE, FL 00000
11.9 TITLE	<input type="checkbox"/> DELETE	V
11.10 NAME		BURNS, THEODORE W.
11.11 STREET ADDRESS		720 SW 2ND AVE., SUITE 311
11.12 CITY-STATE-ZIP		GAINESVILLE FL
11.13 TITLE	<input type="checkbox"/> DELETE	D
11.14 NAME		MAICO, DANIEL G.
11.15 STREET ADDRESS		720 SW 2ND AVE., SUITE 311
11.16 CITY-STATE-ZIP		GAINESVILLE FL
11.17 TITLE	<input type="checkbox"/> DELETE	D
11.18 NAME		DIAVOLITSIS, STAVROS
11.19 STREET ADDRESS		720 SW 2ND AVENUE STE 311
11.20 CITY-STATE-ZIP		GAINESVILLE FL
11.21 TITLE	<input type="checkbox"/> DELETE	D
11.22 NAME		WASJMAN, RENATA
11.23 STREET ADDRESS		720 SW 2ND AVE., SUITE 311
11.24 CITY-STATE-ZIP		GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY-STATE-ZIP	
12.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY-STATE-ZIP	
12.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY-STATE-ZIP	
12.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY-STATE-ZIP	
12.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY-STATE-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 19.07(3)(g), 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 member 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 attached sheet of this form.

SIGNATURE: **X** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96  
952 3751950  
Digital Photo

CR2E034 (12/95)