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 # **650072** **(2)**

1. Corporation Name

WILLIAM LAURIN PATTERSON, D.D.S., P.A.

Principal Place of Business

1925 HENDRICKS AVENUE
JACKSONVILLE FL 32207-3305

Mailing Address

1925 HENDRICKS AVENUE
JACKSONVILLE FL 32207-3305

3. Date Incorporated or Qualified: **01/02/1980**

3a. Date of Last Report: **02/22/1995**

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

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

4. FEI Number: **59-1955545** ☐ 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

PATTERSON, W L
1925 HENDRICKS AVE
JACKSONVILLE FL 32207

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 Section(s) 607.0502 and (or) 617.1502, 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, Sec. Esn 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE
NAME **PSD**
STREET ADDRESS **PATTERSON, W. L.**
CITY-ST-ZIP **1925 HENDRICKS AVE.** **JACKSONVILLE FL**
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-TITLE
1-NAME
1-STREET ADDRESS
1-CITY-ST-ZIP
☐ Change ☐ Addition

2-TITLE
2-NAME
2-STREET ADDRESS
2-CITY-ST-ZIP
☐ Change ☐ Addition

3-TITLE
3-NAME
3-STREET ADDRESS
3-CITY-ST-ZIP
☐ Change ☐ Addition

4-TITLE
4-NAME
4-STREET ADDRESS
4-CITY-ST-ZIP
☐ Change ☐ Addition

5-TITLE
5-NAME
5-STREET ADDRESS
5-CITY-ST-ZIP
☐ Change ☐ Addition

6-TITLE
6-NAME
6-STREET ADDRESS
6-CITY-ST-ZIP
☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, 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 added above.

SIGNATURE: _____ 2-22-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date