

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 655970 (2)

1. Corporation Name

GEORGE WILLERT, M.D., P.A.



Principal Place of Business

8225 SHADY GROVE ROAD
JACKSONVILLE FL 32256

Mailing Address

8225 SHADY GROVE ROAD
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified 02/14/1980	3a. Date of Last Report 03/07/1995
4. FEI Number 59-1968881	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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

PRESSER, EDWIN
4811 BEACH BLVD.
SUITE 302
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

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 of Registered Agent or Officer or Director of the Corporation (Typed or Printed Name of Signing Officer or Director)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PSD WILLERT, GEORGE M.D. 8225 SHADY GROVE ROAD JACKSONVILLE FL 32256	1.1 TITLE	☐ Change ☐ Addition
2. STREET ADDRESS		1.2 NAME	
3. CITY-ST-ZIP		1.3 STREET ADDRESS	
4. TITLE	☐ DELETE	1.4 CITY-ST-ZIP	
5. NAME		2.1 TITLE	☐ Change ☐ Addition
6. STREET ADDRESS		2.2 NAME	
7. CITY-ST-ZIP		2.3 STREET ADDRESS	
8. TITLE	☐ DELETE	2.4 CITY-ST-ZIP	
9. NAME		3.1 TITLE	☐ Change ☐ Addition
10. STREET ADDRESS		3.2 NAME	
11. CITY-ST-ZIP		3.3 STREET ADDRESS	
12. TITLE	☐ DELETE	3.4 CITY-ST-ZIP	
13. NAME		4.1 TITLE	☐ Change ☐ Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-ST-ZIP		4.3 STREET ADDRESS	
16. TITLE	☐ DELETE	4.4 CITY-ST-ZIP	
17. NAME		5.1 TITLE	☐ Change ☐ Addition
18. STREET ADDRESS		5.2 NAME	
19. CITY-ST-ZIP		5.3 STREET ADDRESS	
20. TITLE	☐ DELETE	5.4 CITY-ST-ZIP	
21. NAME		6.1 TITLE	☐ Change ☐ Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY-ST-ZIP		6.3 STREET ADDRESS	
24. TITLE	☐ DELETE	6.4 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 Section 119.07(3)(k), 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:

George Willert MD PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 19 1996 9046465493
DATE

CR2E034 (12/95)