

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F31272

(0)

1. Corporate Name

DONALD C. WILLIS, M.D., P.A.



Principal Place of Business

7300 S.W. 62ND PLACE
MIAMI FL 33143

Mailng Address

7300 S.W. 62ND PLACE
MIAMI FL 33143

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

9. Name and Address of Current Registered Agent

WILLIS, DONALD C., M.D.
7300 S.W. 62ND PLACE
MIAMI FL 33143

3. Date Incorporated or Qualified

04/20/1981

3a. Date of Last Report

02/28/1995

4. FFL Number

59-2095751

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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 607.07, 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 hereby sworn and accept the obligations of Section 607.07, Florida Statutes.

SIGNATURE

12.

OFFICER AND DIRECTOR

NAME

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

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STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, STATE, ZIP

16. NAME

17. STREET ADDRESS

18. CITY, STATE, ZIP

19. NAME

20. STREET ADDRESS

21. CITY, STATE, ZIP

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. NAME

26. STREET ADDRESS

27. CITY, STATE, ZIP

14. I declare under penalty that the information supplied with this report is truly furnished and does not qualify for the exemption stated in Section 193.07(9)(k), Florida Statutes. I further certify that the information contained in this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That this officer is duly qualified to be the person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or is a registered agent with an address.

SIGNATURE:

Donald Willis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 305 6699521

CR2E034 (12/95)