

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:27

DOCUMENT # F39302 (7)

1. Corporation Name

FAMILY PRACTICE ASSOCIATES OF PENSACOLA, P.A.

Principal Place of Business

915 E FAIRFIELD DR.
C/O WAYNE WILLIS
PENSACOLA FL 32503

Mailing Address

915 E FAIRFIELD DR.
C/O WAYNE WILLIS
PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/01/1981

3a. Date of Last Report

02/03/1994

4. FEI Number

59-2100117

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

WILLIS, WAYNE S., MD
915 E FAIRFIELD DR.
PENSACOLA FL 32503

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 607.1505, Florida Statutes.

SIGNATURE

Wayne S. Willis

1-30-95

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when consulting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD

WILLIS, WAYNE S. MD

915 E FAIRFIELD DR

PENSACOLA, FL 00000

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD

FOWLER, LOUIS B.

915 E. FAIRFIELD DR

PENSACOLA FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

Pensacola, FL 32503

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

Pensacola, FL 32503

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntary and that I am an officer or director of this corporation or the registered agent authorized 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 this filing.

SIGNATURE:

Wayne S. Willis

WAYNE S. WILLIS, MD

2/15/95

90W438-9753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

File No. (Block 4)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 3, 1995

FAMILY PRACTICE ASSOCIATES OF PENSACOLA, P.A.
915 E FAIRFIELD DR.
C/O WAYNE WILLIS
PENSACOLA, FL 32503

SUBJECT: FAMILY PRACTICE ASSOCIATES OF PENSACOLA, P.A.
Ref. Number: F39302

Please be advised, we have received your Annual Report; however, the document has not been filed and is being returned for the following:

The fee to file the enclosed annual report is \$200.00. If a certificate of status is desired, please add an additional \$8.75.

An officer or director listed in block 12, block 13 or on an attachment must sign the report in block 14.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Tyrone Scott
ANNUAL REPORTS Section

Letter number: 595A00004731