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PROFIT CORPORATION ANNUAL REPORT



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

1996

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1. Corporation	MENT # n Name	G0719	5	(2	2)					
W. C	CANNON SIMPS	ON, JR., M.D.	, P.A.) (45)/J) 86// 84// II 86// II 86// II 86// II	. 1818: Stat Bres	. 64614 41414 4	
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Principal Place of Business Mailing A				dress					 	1831 BIBIT BIBIT 188
% W. CANNON SIMPSON, JR., M.D. 1820 BARRS STREET, SUITE 724 JACKSONVILLE FL 32204			% W. CANNON SIMPSON. JR., M.D. 1820 BARRS STREET. SUITE 724 JACKSONVILLE FL 32204							
						3. Date Incorporated or Qualified 3a. Date of Last Report 10/28/1982 05/11/1995			•	
·	2. Principal Place of Business			2a. Mailing Address			4. FEI Number		Applied For	
Suite, Apt. #, etc.			26			59-2230838		Not Applicable		
22 Suite, Apt.	#, etc.		27 Suite, 7	Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State)		City &	State			6. Election Campaign Financing	•		May Be
23			28				Trust Fund Contribution			d to Fees
Zip	Cou	-	Zip		Country	,	8. This corporation has liability for		ax under s	199.032
24	9 Name and Add	ress of Current R	29 Registered A	nent	30		Florida Statutes Ye 10. Name and Address of New	s No	Ame-1	
	o, italije alio Adi	areas or content h	ioBistered W	.gen	81	Name	TO. Name and Address of New	registered	Agent	
SIMP	SON, W. CANNON	JR M.D.					70.0 B			
	BARRS STREET, S				82	Street Add	ress (P.O. Box Number is Not Accepta	ible)		
	SONVILLE FL 3220				83					
					0.1	City				
or register familiar wit	to the provisions of Se ed agent, or both, in t th, and accept the obl	he State of Florida.	Such change	e was authori	ized by the corp	named como	ration submits this statement for the pr ord of directors. I hereby accept the app	FL urpose of ch pointment as	anging ite t	o Code egistered offic agent. I am
or register familiar wit	ed agent, or both, in t	he State of Florida. igations of, Section	Such change 607.0505, FI	e was authori Iorida Statute	ites, the above-lized by the corp	named corpor oration's boa	rd of directors. I hereby accept the app	urpose of choointment as	anging its r s registered	egistered offic agent. I am
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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: