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Mar 09, 1999 8:00 am
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03-09-1999 90090 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G30868
1. Corporation Name
W.M. PHILIPS, JR., M.D., P.A.

Principal Place of Business
% W.M. PHILIPS, JR.
1021 E ROBINSON SUITE C
ORLANDO FL 32801
Mailing Address
% W.M. PHILIPS, JR.
1021 E ROBINSON SUITE C
ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2a. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

3. Date Incorporated or Qualified
03/23/1983
4. FEI Number
59-2268796
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax.

9. Name and Address of Current Registered Agent
PHILIPS, W.M., JR.
1021 E. ROBINSON ST
ORLANDO FL 32801

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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD PHILIPS, W.M., JR., M.D.
1021 E. ROBINSON ST
ORLANDO FL
S PHILIPS, CAROLEE O.
1021 E. ROBINSON ST
ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: W.M. Philips, Jr. M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/31/99
Daytime Phone #: 407 841-4022

CR2E034 (1/98)