

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 14 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H22681

(1)

1. Corporation Name

WILLIAM B. DREYER, M.D., P.A.

Principal Place of Business
105 SEMINOLE ST., SUITE A
STUART FL 34994

Mailing Address
105 SEMINOLE ST., SUITE A
STUART FL 34994

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/25/1984

3a. Date of Last Report
04/19/1994

4. FEI Number
59-2450097

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 1715 S.E. Tiffany Ave

26 Suite, Apt. #, etc.

22

27

City & State

City & State

23 Port St Lucie, FL

28

24 34952 25 U.S.A.

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DREYER, WILLIAM B.
1715 TIFFANY AVE
PORT ST LUCIE FL 34952

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME DREYER, WILLIAM B., JR
STREET ADDRESS 1715 TIFFANY AVE
CITY- ST- ZIP PT ST LUCIE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE VS
NAME DEL ROWE, DANIEL
STREET ADDRESS 1715 TIFFANY AVE
CITY- ST- ZIP PT ST LUCIE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #