

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H23947** (5)

1. Corporation Name

**WILLIAM E. MCCOMB, D.C., P.A.**



Principal Place of Business

1805 SIESTA DRIVE  
MIDTOWN PLAZA OFFICE CENTRE  
SARASOTA FL 34239

Manager Address

1805 SIESTA DRIVE  
MIDTOWN PLAZA OFFICE CENTRE  
SARASOTA FL 34239

2. Principal Place of Business

2a. Manager Address

21 2828 South Tamiami Trail  
Sarasota FL 34239

26 2828 South Tamiami Trail  
Sarasota FL 34239

22 City & State  
Sarasota FL

27 City & State  
Sarasota FL

23 Zip 34239 County Sarasota

28 Zip 34239 County Sarasota

9. Name and Address of Current Registered Agent

MCCOMB, WILLIAM  
1261 S. TAMIAMI TRAIL  
SARASOTA FL 33579

3. Date Incorporated or Qualified  
**10/03/1984**

3a. Date of Last Report  
**01/18/1995**

4. FID Number  
**59-2459768**

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 integrated disclosures 1990-92  
Has:  Yes  No

10. Name and Address of New Registered Agent

81 Name **McComb William**  
82 Street Address (P.O. Box Number Not Acceptable)  
**2828 South Tamiami Trail**  
83  
84 City **Sarasota** FL 85 Zip Code **34239**

11. Pursuant to the provisions of Sections 607.0607 and 607.1504, 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. Said change was authorized by the corporation's board of directors, or by a majority of its shareholders, as appropriate, and accepted by the change of registered agent. I am familiar with, and accept the obligations of, Section 607.0607, Florida Statutes.

SIGNATURE

*[Signature]*

4-5-94

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> OFFICER
NAME	MCCOMB, DR. WILLIAM E.	
STREET ADDRESS	1805 SIESTA DR	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	VT	<input type="checkbox"/> OFFICER
NAME	MCCOMB, DR. WILLIAM E.	
STREET ADDRESS	1805 SIESTA DR	
CITY-STATE-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> OFFICER
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> OFFICER
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> OFFICER
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2828 South Tamiami Trail Sarasota FL 34239
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<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this report is true and my Office is a duly qualified corporation under Section 119.04, Florida Statutes. I further certify that the information indicated on this report is true and correct and I report it to the Department of State in good faith. Such has been the legal effect as made under oath. That I am an officer or director of the corporation and the officer or trustee responsible for the filing of this report, Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report in accordance with the following:

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 947-957-6200

CR2E034 (12/95)