## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H44532
Note: Name 
WILLIAM A. HEWSON, M.D., P.A.

(0)

FILED Apr 21 1997 8:00am Secretary of State

Principal Plac 900 EAST OCE SUITE 222 STUART FL 34	AN BLVD	Mailing Address 900 EAST OCEAN BLVD SUITE 222 STUART FL 34994-3577											
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Incorporated 3/1985	or Qualified		ate of Last F 11/1996	Report
	lace of Business		ailing Address					4. FEI N				A	pplied For
21	ш	26						59-2490760					lot Applicable
Suite, Apt.		27						<b>5.</b> Certifi	cate of Statu	s Desired			Additional Required
City & Stat	e	City & State							on Campaign	-	<u>( - 1</u>		May Be
Zip	Country	28] Zij	<u> </u>	T Cou	nto				Fund Contrib			·	to Fees
24	25	}a '	29 30			Country			8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes				
	9. Name and Address of Curre		ed Agent	1301	Ι			·		s of New Re			
HEA	/SON, WILLIAM A.				81	Name							
900	EAST OCEAN BLVD.				82	Street	Addre	ss (P.O. Bo	y Number is	Not Acceptab	nle)		
	E 222					0.000			X (10/1/00/10				
1.20	ART FL 34994				83		13.						
<b>学院编辑中央人</b>		100			84	City		<del></del>			FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607 050	32 and 607	1508 Florida Stati	iles the al	hove	named	corno	ration eubr	nite this state	ment for the o		t changing i	ite registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliging the state.	of Florida.	Such change was	authorize	d by	the corp	poratio	on's board o	of directors. I	hereby accep	ot the app	xointment as	s registered
SIGNATURE	guildiam a H	user	Pre	A CONTRACTOR	.uica	).					4/	14/8/2	
BIGINATURE	Signature, typod or printed name of registered ag	ent and title it ap	yplicable. (NO	TL: Registere	d Age	nt signature	e requires	d when reinstatu	ng)		DATE	1101	
12.	OFFICERS AN	ID DIRECTO		13.			,	ADDITI	ONS/CHANG	ES TO OFFIC	ERS AND		
TITLE	PST MILLIAM A		[] DELETE	1.1 TO	ILE							Change	Addition
NAME	HEWSON, WILLIAM A. 900 E OCEAN BLVD #222			1.2 N									
STREET ADDRESS	STUART FL					ADDRESS	[						
CITY-ST-ZIP	D D		DELETE	1.4 CI		T - 71P	<u> </u>					T 1 05	
TITLE	HEWSON, WILLIAM A.		L'') orreit	2.1 TI								Change	☐ Addition
NAME STREET ADDRESS	900 E OCEAN BLVD #222			2.2 N/									
CITY-ST-ZIP	STUART FL					ADDRESS	1						
TITLE			DELETE	3110		ST - ZIP	╂					Change	Addition
NAME				3 2 N/								CT Change	
STREET ADDRESS	*					ADDRESS							
CITY-ST-ZIP						SI-ZIP							
TITLE	<u> </u>		DELETE	4.1 Tr			<del>                                     </del>					Change	Addition
NAME				4. 2 N	AME							_ •	
STREET ADDRESS				4.3 S1	REET	ADDRESS							l
CITY-ST-ZIP				4.4 CF	1Y-\$1	I - 2IP							l
TITLE			DELETE	5.1 11								Change	Addition
NAME				5.2 N/	ME								l
STREET ADDRESS				5.3 ST	REET.	ADDRESS							l
CITY-ST-ZIP				5.4 CI	1Y - S1	1-Z(P							
JULE			☐ DELETE	6.1 TI	LE		1			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME .				6.2 NA	ME								
STREET ADDRESS				6.3 ST	REE1.	ADDRESS							
CITY-ST-ZIP				6.4 CI	TY - S1	1 - ZIP							f

14. I do 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.

CIONATURE.

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4/14/05

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