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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H44532 I. Corporation Namo WILLIAM A. HEWSON, M.D., P.A. (0)

FILED Mar 06 1998 8:00am Secretary of State



Principal Place	o of Business	Mailing Address				a indiali ditt didit dibat ditta fitta fitt didit didit didit didit didit didit didit didit dibit (68)		
900 EAST OCEAN BLVD SUITE 222 STUART FL 34994		900 EAST OCEAN BLVD SUITE 222 STUART FL 34994						
						DO NOT WRITE IN THIS SPACE		
		0.0 12 2.00	•			3. Date Incorporated or Qualified		
					•	02/26/1985		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				59-2490760	No.	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee R	equired
City & State	3	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution		to Fees
Zip	Country	Zψ	Cou	Country		8. This corporation owes or has paid the cu	rent vear In	tangible
24	25	29	30	30			_	□No
	9. Name and Address of Curre	nt Registered Agent		Ī		10. Name and Address of New Registered	Agent	
HE	WSON, WILLIAM A.	* * * * * * * * * * * * * * * * * * * *		81	Name			-
900 EAST OCEAN BLVD.			100					
	TE 222		82 Street Ac		Street Add	ress (P.O. Box Number is Not Acceptable)		
	JART FL 34994			83				
0	57411 1 E 04004					* **		
				84	City	-	85 Zip	Code
44 Dura raal t	to the provisions of Continue CO7 Of	00	0	\sqcup		FL FL	:	,
office or re	egistered agent, or both, in the State	e of Horida. Such chano	e was authorize	d by	the cornoral	poration submits this statement for the purpose o tion's board of directors. I hereby accept the app	r changing r ointment as	ts registered
agent. I ar	n familiar with, and accept the obliq	gations of, Section 607 Ö	505, Florida Stal	tutes	,			
SIGNATURE								
	Signature, typed or printed name of augistered ag			d Ago	nt signature requi	red when reinstaling) DATE		2
12.	PST	ND DIRECTORS	13.		·····	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	HEWSON, WILLIAM A.	[DET			1		☐ Change	Addition
NAME	900 E OCEAN BLVD #222			1.2 NAME				
STREET ADDRESS			1.3 \$	TREET	ADDRESS			
CITY-ST-ZIP				1.4 CITY - ST - ZIP				
TITLE	D	☐ DEL	ETE 21TI	21 TITLE			Change	Addition
NAME	HEWSON, WILLIAM A.		221					1
STREET ADDRESS	900 E OCEAN BLVD #222		2351	THEET	ADDRESS	H*		
CITY-ST-ZIP	STUART FL		2 4 0	ATY-S	i ziP			-
TITLE		DEI DEI	DELETE 31T				Change	☐ Addition
NAME			3 2 N	AME				į
STREET ADDRESS			3351	TAFFT	ADDRESS			
CITY-ST-ZIP				HTY-S				l
TITLE		DEL			***		Change	Addition
NAME			4.2 N		-			
STREET ADDRESS					ADDRESS			
								Į
CITY-ST-ZIP TITLE		DEL		TY - S1	1 - 2117		Change	Addition
		L Ott					□ Cuanda	L) MUDICION
NAME			5.2 NA		[
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				TY-\$1	r-ZIP			
TITLE		DELI	6.1 TI	TLE			☐ Change	☐ Addition
NAME			6.2 N/	AME				
STREET ADDRESS			63 ST	TREE!	ADDRESS			į
CITY-ST-ZIP			6.4 CI	TY-SI	1-7IP			

14. Thereby 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 eath, 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 attay himent with an address

CIGNIATUDE.

91 a Henra

36 198 501-286-8440