

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H64306**

(4)

1. Corporation Name

W. FORREST JUDSON, M.D., P.A.

Principal Place of Business

Mailing Address

**500 VONDERBERG DR
STE 310 W TWR
BRANDON FL 33511
US**

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STE 310 W TWR
BRANDON FL 33511
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1985

3a. Date of Last Report

06/23/1994

4. FEI Number

59-2557711

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 1961 USC
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite Apt # etc.

26. Suite Apt # etc.

22. City & State

27. City & State

24. ZIP

25. ZIP

29. ZIP

30. ZIP

9. Name and Address of Current Registered Agent

**JUDSON, W. FORREST M.D.
1620 S. DOVER RD.
DURANT FL 33530**

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 607.01(2)(c) and 607.15(3)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. Such change was authorized by this corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01(2)(c) and 607.15(3)(b), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent for Service of Process)

(Signature of Secretary or President or Director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	PST JUDSON, W. FORREST M.D. 1620 S. DOVER RD. DURANT FL
12.2	
12.3	
12.4	
12.5	
12.6	
12.7	
12.8	
12.9	
12.10	

13.1	☐ Change ☐ Addition
13.2	☐ Change ☐ Addition
13.3	☐ Change ☐ Addition
13.4	☐ Change ☐ Addition
13.5	☐ Change ☐ Addition
13.6	☐ Change ☐ Addition
13.7	☐ Change ☐ Addition
13.8	☐ Change ☐ Addition
13.9	☐ Change ☐ Addition
13.10	☐ Change ☐ Addition

14. I am hereby certifying that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 607.01(2)(c) and 607.15(3)(b), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. FORREST JUDSON, M.D.

4-30-95

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