

**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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:31

DOCUMENT # **H79163** (2)

1. Corporation Name  
**ARTHUR N. MOXON, M.D., P.A.**

Principal Place of Business Mailing Address  
**400 HEALTH PARK DRIVE ST. AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/30/1985** 3a. Date of Last Report **02/10/1994**  
4. FEI Number **59-2585113** Applied For  Not Applicable   
5. Certificate of Status Desired  \$6.75 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. Sute, Apt. #, etc. 26. Sute, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
~~JONES, EVERETT F., ESQ.~~  
~~22 CORDOVA ST.~~  
~~ST AUGUSTINE FL 32084~~

10. Name and Address of New Registered Agent  
81 Name **CARLTON Fields, WARD, Emmanuel Smith, PA**  
82 Street Address (P.O. Box Number is Not Acceptable) **ONE HARBOUR PLACE**  
83  
84 City **TAMPA** FL 85 Zip Code **33601**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and the filer/signer) (NOTE: Registered Agent signature required when substituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOXON, ARTHUR N.</b>	2. NAME	
STREET ADDRESS	<b>400 HEALTH PK DRIVE</b>	3. STREET ADDRESS	
CITY, ST, ZIP	<b>ST. AUGUSTINE FL</b>	4. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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 Sections 110.074-110.074, 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 owner or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (delete one) or on an attachment with an address.

SIGNATURE: *Arthur N. Moxon* **ARTHUR N MOXON** 1-15-95 904 825-1478  
(Signature and typed or printed name of signing officer or director) (Date) (Telephone no.)