

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **H79163** (2)

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



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

3. Date Incorporated or Qualified: **09/30/1985**  
3a. Date of Last Report: **01/18/1995**  
4. FEI Number: **59-2585113**  
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 s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Subst. Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
2a. Mailing Address  
26. Subst. Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

9. Name and Address of Current Registered Agent  
**CARLTON, FIELDS W  
1 HARBOUR PL  
ONE HARBOUR PLACE  
TAMPA FL 33601**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>MOXON, ARTHUR N.</b>	
STREET ADDRESS	<b>400 HEALTH PK DRIVE</b>	
CITY, ST, ZIP	<b>ST. AUGUSTINE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true, correct 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.

SIGNATURE: *Arthur N. Moxon* **Arthur N. Moxon, M.D.**  
DATE: **1-20-96**  
Daytime Phone #: **904 825 4478**

CR2E034 (12/95)