

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DEPARTMENT OF CORPORATIONS

1996-28-96

B-1644

C

DOCUMENT # J23354

(0)

1. Corporation Name

CLARK GADDY, M.D., P.A.



Principal Place of Business

Mailing Address

% CLARK GADDY, M.D.
720 SW 2ND AVE. S-300
GAINESVILLE FL 32601

% CLARK GADDY, M.D.
720 SW 2ND AVE. S-300
GAINESVILLE FL 32601

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/07/1986

3a. Date of Last Report

01/26/1995

4. FEI Number

59-2690467

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

10. Name and Address of New Registered Agent

GADDY, CLARK, M.D.
720 SW 2ND AVE
SUITE 300
GAINESVILLE FL 32601

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 607.050(2) and 607.150(2), 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 607.050(5), Florida Statutes.

SIGNATURE

Signature of person authorized to sign this report

Signature of person authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

1. NAME	P	CLARK, GADDY, M.D.	720 SW 2ND AVENUE	GAINESVILLE FL
2. STREET ADDRESS				
3. CITY, ST, ZIP				
4. TITLE				
5. NAME				
6. STREET ADDRESS				
7. CITY, ST, ZIP				
8. TITLE				
9. NAME				
10. STREET ADDRESS				
11. CITY, ST, ZIP				
12. TITLE				
13. NAME				
14. STREET ADDRESS				
15. CITY, ST, ZIP				
16. TITLE				
17. NAME				
18. STREET ADDRESS				
19. CITY, ST, ZIP				
20. TITLE				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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 change of or correction of name or address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96

CR2E034 (12/95)