

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J45432** (8)

1. Corporation Name

WM. RAY LYNCH, JR., M.D., P.A.



Principal Place of Business

**1616 LAGUNA DRIVE
STE 115
TALLAHASSEE FL 32312
US**

Mailing Address

**P O BOX 13115
TALLAHASSEE FL 32317-3115
US**

3. Date Incorporated or Qualified
11/21/1986

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

21 **4865 WILD HERON WAY**

2a. Mailing Address

26 **4865 WILD HERON WAY**

4. FEI Number

59-2737810

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 **JACKSONVILLE, FL**

City & State

28 **JACKSONVILLE, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

24 **32225** 25 **DUVAL**

Zip

29 **32225**

Country

30 **DUVAL**

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LYNCH, WM. RAY JR.
1616 LAGUNA DRIVE
TALLAHASSEE FL 32312**

81 Name

LYNCH, WM RAY, JR

82 Street Address (P.O. Box Number is Not Acceptable)

4865 WILD HERON WAY

83

84 City

JACKSONVILLE, FL

85 Zip Code

32225

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **LYNCH, WM. RAY, JR**
STREET ADDRESS **1616 LAGUNA DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **LYNCH, WM RAY, JR**
1.3 STREET ADDRESS **4865 WILD HERON WAY**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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; 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:

WM RAY LYNCH JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/11/96**

Daytime Phone: **9046428953**

CR2E034 (12/95)