

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 APR 11 PM 9:10

DOCUMENT # **J66984 (2)**

1. Corporation Name
WILLIAM F. MEADOWS, III, M.D., P.A.

Principal Place of Business Mailing Address
~~7001 N DALE MABRY TAMPA FL 33614~~ **4503 S.E. 14th St**
~~US~~ **8736 Jasmine Pond Dr. US**
Tampa, FL 33614

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/06/1987** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2798253** 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. 193.032, Florida Statutes Yes No

2. Principal Place of Business Mailing Address
21 **4503 S.E. 14th St** 26 **4503 S.E. 14th St**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **8736 Jasmine Pond Dr.** 27 **8736 Jasmine Pond Dr.**
City & State **Tampa FL FL** City & State **Tampa FL FL**
23 **DEALA** 28 **DEALA**
Zip **33614** Country **USA** Zip **33614** Country **USA**
24 **34471** 25 **USA** 29 **34471** 30 **USA**

9. Name and Address of Current Registered Agent
MEADOWS, WILLIAM F.
7001 N DALE MABRY
TAMPA FL 33614

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **8736 Jasmine Pond Dr.**
83 **4503 S.E. 14th St**
84 City **DEALA Tampa** FL 85 Zip Code **33614 34471**

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 title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	MEADOWS, WILLIAM F. III
STREET ADDRESS	3401 W DUNWOODIE AVE
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	8736 Jasmine Pond Dr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tampa FL 33614
1.3 STREET ADDRESS	4503 S.E. 14th St
1.4 CITY - ST - ZIP	DEALA FL 34471
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 **04/06/95 (013) 886-5365**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)