

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K20130 (6)**

1. Corporation Name
WILLIAM REEVES, M.D., P.A.



Principal Place of Business
**2555 LAKESIDE COURT
PALM HARBOR FL 34684**

Mailing Address
**2555 LAKESIDE COURT
PALM HARBOR FL 34684**

3. Date Incorporated or Qualified **04/01/1988** 3a. Date of Last Report **06/28/1995**

4. FEI Number **59-2880376** 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. 199.03? Florida Statutes Yes No

2. Principal Place of Business
21 **5124 US 19**
Suite, Apt. #, etc.

2a. Mailing Address
26 **5124 US 19**
Suite, Apt. #, etc.

22 City & State
23 **New Port RICHEY FL**

27 City & State
28 **New Port RICHEY**

24 Zip **34652** 25 Country
29 Zip **34652** 30 Country

9. Name and Address of Current Registered Agent
**REEVES, WILLIAM A.
2555 LAKESIDE COURT
PALM HARBOR FL 34684**

ADDRESS CHANGE ONLY

10. Name and Address of New Registered Agent
81 Name **WILLIAM A. REEVES**
82 Street Address (P.O. Box Number is Not Acceptable) **APT 31177 US 19 #1804**
83
84 City **PALM HARBOR FL** 85 Zip Code **34684**

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 of registered agent or person in charge of registered agent and the corporation

Signature of Registered Agent (Signature required when changing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	REEVES, WILLIAM	
STREET ADDRESS	2555 LAKESIDE COURT	<i>ADDRESS CHANGE ONLY</i>
CITY - ST - ZIP	PALM HARBOR FL	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	31177 US 19 APT 1804 PALM HARBOR, FL 34684
14 CITY - ST - ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 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, unchanged, or on an attachment with an address.

SIGNATURE: *William A Reeves* **William A Reeves** 5/30/96 813 943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)