FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:54

DOCUMENT # K33897 (5)

1. Corporation Name
W. PEARSON CLACK, M.D., P.A.

Principal Place of Business	Mailing Address
C/O W. PEARSON CLACK 1950 ARLINGTON ST., STE. 103 SARASOTA FL 34239	C/O W. PEARSON CLACK 1950 ARLINGTON ST., STE. 103 SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1988
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 1762 HAWTHORNE STREET	26 SAME
Suite, Apt. #, etc. 22 SUITE 5	Suite, Apt. #, etc. 27 SAME
City & State 23 SARASOTA, FLORIDA	City & State 28 SAME
Zip 24 34239	Country 25 USA
Zip 29	Country 30

4. FEI Number: 65-0073998 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLACK, W. PEARSON 1950 ARLINGTON STREET SUITE 103 SARASOTA FL 34239	81 Name: CLACK, W. PEARSON 82 Street Address (P.O. Box Number is Not Acceptable): 1762 HAWTHORNE STREET 83: SUITE 5 84 City: SARASOTA, FLORIDA FL 85 Zip Code: 34239

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
(Typed or printed name of registered agent and title if applicable) (Note: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	XX Change ☐ Addition
NAME	CLACK, W. PEARSON	12 NAME	
STREET ADDRESS	1950 ARLINGTON ST. #103	13 STREET ADDRESS	1762 HAWTHORNE STREET, SUITE 5
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	SARASOTA, FL 34239
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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)(i), 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 above, or on an attachment with an address.

SIGNATURE: W. Pearson Clack M.D. W. PEARSON CLACK, M.D., PRESIDENT 1/10/95 (813)361-6909
(Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Telephone Number)

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