

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K68727** (2)

1. Corporation Name

**WEIFFENBACH MEDICAL SERVICES, P.A.**

Principal Place of Business

**251 CREEKSIDE DR.  
AMELIA ISLAND FL 32034  
US**

Mailing Address

**251 CREEKSIDE DR.  
AMELIA ISLAND FL 32034  
US**



3. Date Incorporated or Qualified

**02/16/1989**

3a. Date of Last Report

**03/01/1995**

2. Principal Place of Business

**21 75 COMARES AVE**

Suite, Apt. #, etc

**22 1-A**

City & State

**23 ST. AUGUSTINE, FL**

Zip

**24 32084**

Country

**25 USA**

2a. Mailing Address

**26 75 COMARES AVE**

Suite, Apt. #, etc

**27 1-A**

City & State

**28 ST. AUGUSTINE, FL**

Zip

**29 32084**

Country

**30 USA**

4. FEI Number

**59-2936262**

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

9. Name and Address of Current Registered Agent

**WEIFFENBACH, DON  
251 CREEKSIDE DRIVE  
AMELIA ISLAND FL 32034**

10. Name and Address of New Registered Agent

81 Name

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

**83 75 COMARES AVE 1-A**

84 City

**ST AUGUSTINE**

FL

85 Zip Code

**32084**

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

**Don D. Weiffenbach MD**

(Signature, typed or printed name of registered agent and the applicable)

(NOTE: Registered Agent signature required when re-instating)

DATE

**7/2/96**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WEIFFENBACH, DON**  
STREET ADDRESS **251 CREEKSIDE DRIVE**  
CITY-ST-ZIP **AMELIA ISLAND FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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 **D** ☒ Change ☐ Addition

1.2 NAME

**DON WEIFFENBACH**

1.3 STREET ADDRESS

**75 COMARES AVE 1-A**

1.4 CITY-ST-ZIP

**ST AUGUSTINE, FL 32084**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

**Don D. Weiffenbach MD**

(Signature and typed or printed name of signing officer or director)

**7/2/96 904-808-0684**

**DON D. WEIFFENBACH**

DATE

DAYTIME PHONE

CR2E034 (3/96)