

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K85032 (6)

1. Corporation Name

WILLIAM M. HAMMESFAHR, M.D., P.A.

**APPROVED
AND
FILED**

95 MAY -1 AM 9:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business C/O WILLIAM M. HAMMESFAHR, M.D. 600 DRUID RD EAST CLEARWATER FL 34616		Mailing Address C/O WILLIAM M. HAMMESFAHR, M.D. 600 DRUID RD EAST CLEARWATER FL 34616	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/01/1989	3a. Date of Last Report 07/22/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2956928	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**HAMMESFAHR, WILLIAM M.
600 DRUID RD E
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 fee if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	HAMMESFAHR, WILLIAM M.	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS	600 DRUID RD EAST CLEARWATER FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE TS	HAMMESFAHR, GINA P.	2.1 TITLE	☒ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS	600 DRUID RD EAST CLEARWATER FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE D	HAMMESFAHR, PATRICIA	3.1 TITLE	☒ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS	600 DRUID RD EAST CLEARWATER FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE D	HAMMESFAHR, FREDERIC	4.1 TITLE	☒ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS	600 DRUID RD EAST CLEARWATER FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(k), Florida Statutes. I further certify that the information contained 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 recorder or treasurer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13 of this report. If changed, it is an attachment will be recorded.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 8134614464