

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

94431-4 P.03

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K85032 1. Corporation Name WILLIAM M. HAMMESFAHR, M.D., P.A.	(6)
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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 34616-3012
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	25. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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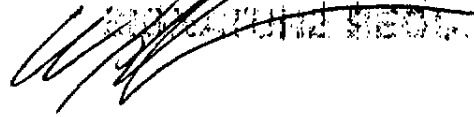
9. Name and Address of Current Registered Agent HAMMESFAHR, WILLIAM M. 600 DRUID RD E CLEARWATER FL 34616	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. State 85. Zip Code
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11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name of registered agent and use if applicable) (NOTE: Registered Agent signature required when changing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP HAMMESFAHR, WILLIAM M. 600 DRUID RD EAST CLEARWATER FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP P.S. HAMMESFAHR, WILLIAM M. 600 DRUID ROAD E. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 registered agent 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:  TOTAL P.03