

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K85032

1. Entity Name

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



Principal Place of Business

600 DRUID ROAD EAST
CLEARWATER, FL 33756

Mailing Address

600 DRUID ROAD EAST
CLEARWATER, FL 34616

DO NOT WRITE IN THIS SPACE

FILED

05 JUL 27 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06302005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2956928Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMMESFAHR, WILLIAM M DR.
600 DRUID RD E
CLEARWATER, FL 34616DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 20059. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAMMESFAHR, WILLIAM M.
STREET ADDRESS	600 DRUID RD EAST
CITY-ST-ZIP	CLEARWATER, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #