

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K96762** (5)

1. Corporation Name

WEST FLORIDA FAMILY PRACTICE, P.A.



Principal Place of Business
**% DAVID BRUCE YOUNG, M.D.
1613 BERRYHILL RD
MILTON FL 32570**

Mailing Address

**% DAVID BRUCE YOUNG, M.D.
1613 BERRYHILL RD
MILTON FL 32570**

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22 City & State

27

City & State

23 Zip

28

Zip

24

29

Country
25

30

Country
26

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
NAME	YOUNG, DAVID BRUCE, M.D.	1.2 NAME	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
STREET ADDRESS	1613 BERRYHILL RD	1.3 STREET ADDRESS	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
TITLE	D	2.1 TITLE	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
NAME	MCLEOD, PAUL A., M.D.	2.2 NAME	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
STREET ADDRESS	1613 BERRYHILL RD	2.3 STREET ADDRESS	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
TITLE	D	3.1 TITLE	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
NAME	MAYEAUX, DENNIS R. M.D.	3.2 NAME	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
STREET ADDRESS	1613 BERRYHILL RD	3.3 STREET ADDRESS	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
TITLE	D	4.1 TITLE	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
NAME	WYROSDICK, CLIFTON C.M.D.	4.2 NAME	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
STREET ADDRESS	1613 BERRYHILL ROAD	4.3 STREET ADDRESS	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
TITLE	D	5.1 TITLE	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
NAME	WILLIAMS, WILLIAM E. III	5.2 NAME	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
STREET ADDRESS	1613 BERRYHILL RD	5.3 STREET ADDRESS	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MILTON FL	5.4 CITY-ST-ZIP	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/>	Change <input type="checkbox"/> Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

289-96 904-626-0917

Date

Daytime Phone #

CR2E034 (12/95)