


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90196 021 ***150.00

DOCUMENT # K99461 1. Entity Name WILLIAM L. NYMAN, M.D., P.A.		
Principal Place of Business % WILLIAM L. NYMAN M D 5539 MARINE PKWY/P O BOX 1175 NEW PORT RICHEY, FL 34656-1175	Mailing Address P.O BOX 1175 6806 CREEIA DR CECELIA DRIVE NEW PORT RICHEY, FL 34653	



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2957320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

NYMAN, WILLIAM L., M D
5539 MARINE PARKWAY
SUITE 3
NEW PORT RICHEY, FL 34652

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NYMAN, WILLIAM L MD 5539 MARINE PKWY NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EPTINS, PATRICK L 6806 CREEIA DR CECELIA DRIVE NEW PORT RICHEY, FL 34653
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**DO NOT WRITE
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

WILLIAM L. NYMAN

4-15-04
Date

727 841 8225
Daytime Phone #