

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:22

DOCUMENT # L58927 (9)

1. Corporation Name

WEINBERG & PARRISH, O.D., P.A. II

Principal Place of Business

C/O FRED L. WEINBERG
11025 SPRING HILL DRIVE
SPRING HILL FL 34608

Mailing Address

C/O FRED L. WEINBERG
11025 SPRING HILL DRIVE
SPRING HILL FL 34608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/19/1990

3a. Date of Last Report
08/12/1994

4. FEI Number
59-2999848

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

WEINBERG, FRED L.
11025 SPRING HILL DRIVE
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(P201C: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

WEINBERG, FRED L. O.D.

STREET ADDRESS

11025 SPRING HILL DRIVE

CITY- ST- ZIP

SPRING HILL FL

TITLE

D

NAME

PARRISH, DAVID E. O.D.

STREET ADDRESS

11025 SPRING HILL DRIVE

CITY- ST- ZIP

SPRING HILL FL

TITLE

S

NAME

NEWCOMER, JAY D OD

STREET ADDRESS

1048 N STONEY PT

CITY- ST- ZIP

CRYSTAL RIVER FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(3)(b), 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 exempted or on an attachment with an address.

SIGNATURE:

Jay D Newcomer, O.D.

Jay D Newcomer, O.D.

2-6-95 (904) 746-0800