

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-11-2004 90005 008 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P02000025988 1. Entity Name WILLIAM L. GILMER, M.D., P.A.					
Principal Place of Business 2900 NORTH ATLANTIC AVENUE UNIT 1402 DAYTONA BEACH FL 32118			Mailing Address 2900 NORTH ATLANTIC AVENUE UNIT 1402 DAYTONA BEACH FL 32118		
2. Principal Place of Business P.O. Box 9006 2900 NORTH ATLANTIC AVE SUITE 1402 DAYTONA BEACH, FL 32118		3. Mailing Address P.O. Box 9006 Suite, Apt. #, etc. DAYTONA BEACH, FL 32120			
City & State DAYTONA BEACH, FL		City & State DAYTONA BEACH, FL		4. FEI Number 30-0063655 Applied For <input type="checkbox"/> Not Applicable	
Zip 32118 Country USA		Zip 32120 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILMER, WILLIAM L 2900 NORTH ATLANTIC AVENUE UNIT 1402 DAYTONA BEACH FL 32118 2900 NORTH ATLANTIC AVE SUITE 1402			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip Code _____		
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 <u>W L Gilmer</u> WILLIAM L. GILMER, PRESIDENT 2-5-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GILMER, WILLIAM L 2900 NORTH ATLANTA AVE. SUITE 1402 DAYTONA BEACH FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>W L Gilmer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-5-04</u> <small>Daytime Phone #</small>		