

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90043 033 ***150.00

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1. Entity Name

WILLIAM L. GILMER, M.D., P.A.



Principal Place of Business

**2900 NORTH ATLANTIC AVENUE
STE. 1402
DAYTONA BEACH FL 32118**

Mailing Address

**P.O. BOX 9006
DAYTONA BEACH FL 32120**

2. Principal Place of Business

124 INNISBROOK CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAYTONA BEACH, FL

City & State

4. FEI Number

30-0063655

Applied For

Not Applicable

Zip
32120

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GILMER, WILLIAM L
2900 NORTH ATLANTIC AVENUE
STE. 1402
DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent

Name

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

124 INNISBROOK CIRCLE

City

DAYTONA BEACH

FL

Zip Code

32120

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
**P
GILMER, WILLIAM L
2900 NORTH ATLANTIC AVE. SUITE 1402
DAYTONA BEACH FL 32118** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**124 INNISBROOK CIRCLE
DAYTONA BEACH FL 32120** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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:

W L Gilmer

1-26-05

(386)2587054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #