

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90017 048 ***158.75

DOCUMENT # P02000025988

1. Entity Name

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



Principal Place of Business

124 INNISBROOK CIRCLE
DAYTONA BEACH FL 32114

Mailing Address

904 PENINSULA DR.
ORMOND BEACH FL 32176

2. Principal Place of Business - No P.O. Box #

875 STERTHAUS AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL.

City & State

Zip Country

32174 USA

Zip Country

Zip

Country

4. FEI Number

30-0063655

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

GILMER, WILLIAM L
124 INNISBROOK CIRCLR
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

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

City

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

W L Gilmer, M.D.

2-27-8

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, 2008 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 P
NAME GILMER, WILLIAM L
STREET ADDRESS 124 INNISBROOK CIRCLE
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GILMER, WILLIAM L
STREET ADDRESS 904 PENINSULA DR.
CITY-ST-ZIP ORMOND BEACH, FL. 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W L Gilmer, M.D.

WILLIAM L. GILMER

2-27-8

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-258-7054