

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000000978 (6)

1. Corporation Name

WAUCHULA FAMILY PRACTICE CENTER P.A.



Principal Place of Business

517 HWY 17-92 W  
~~SUITE B~~  
HAINES CITY FL 33844  
US

Mailing Address

517 HWY 17-92  
~~SUITE B~~  
HAINES CITY FL 33844  
US

3. Date Incorporated or Qualified  
11/05/1992

3a. Date of Last Report  
06/25/1996

2. Principal Place of Business

21 515 HWY 17-92 W  
Suite, Apt. #, etc.

2a. Mailing Address

26 515 HWY 17-92 W  
Suite, Apt. #, etc.

4. FEI Number

50-2150260-65-0371431

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

22 City & State

23 HAINES CITY, FL

24 33844

25 Country

27 City & State

28 HAINES CITY, FL

29 33844

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, JOHN D  
515 HWY 17-92 W  
~~SUITE B~~  
HAINES CITY FL 33844

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PS	CAMPBELL, JOHN D	P.O. BOX 550 N/A	WAUCHULA FL 33873
<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input checked="" type="checkbox"/> Change			
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<input type="checkbox"/> Change			
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<input type="checkbox"/> Change			
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> Change			
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<input type="checkbox"/> Change			
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
<input type="checkbox"/> Change			

5132 WATERWOOD DR.  
BARTOW, FL 33830

14. I do 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 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day: me Time: #

3/12/97 99142144D

CR2E034 (9/96)