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Feb 11 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 # P94000001060 (0)

1. Corporation Name

WILLIAM J. WILLITTS MED COVERAGE, INC.



Principal Place of Business

9870-F WATERMILL CIRCLE  
BOYNTON BEACH FL 33437

Mailing Address

9870-F WATERMILL CIRCLE  
BOYNTON BEACH FL 33437-2815

3. Date Incorporated or Qualified 12/27/1993	3a. Date of Last Report 04/22/1996
4. FEI Number 65-0454662	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLITTS, WILLIAM J  
9870-F WATERMILL CIRCLE  
BOYNTON BEACH FL 33437

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VICE President
NAME	WILLITTS, WILLIAM J	1.2 NAME	→ Same
STREET ADDRESS	9807 F WATERMILL CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	
NAME	WILLITTS, WILLIAM R	2.2 NAME	
STREET ADDRESS	9807 WATERMILL CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	PERRON, L. ANDRE	3.2 NAME	
STREET ADDRESS	6095 LEELAND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Demetrius Stow MD
NAME		4.2 NAME	PRESIDENT
STREET ADDRESS		4.3 STREET ADDRESS	9870 F WATERMILL CIRCLE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

WILLIAM J. WILLITTS

2-3-97

561-788-6197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0321212

CR2E034 (9/96)