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Apr 08 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 # P94000042587 (3)

1. Corporation Name
WILLIAM J. CORIN, M.D., P.A.

Principal Place of Business

400 S TAMiami TR
SUITE 130
VENICE FL 34285

Mailing Address

400 S TAMiami TR
SUITE 130
VENICE FL 34285-2623

3. Date Incorporated or Qualified
06/01/1994

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

21 1225 Jacaranda Blvd.

Suite, Apt. #, etc.

22 City & State

23 Venice, FL

24 Zip 34292

25 Country

2a. Mailing Address

26 1225 Jacaranda Blvd.

Suite, Apt. #, etc.

27 City & State

28 Venice, FL

29 Zip 34292

30 Country

4. FEI Number

65-0496914

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

9. Name and Address of Current Registered Agent

BOONE, STEPHEN K
1001 AVENIDA DEL CIRCO
VENICE FL 34284

10. Name and Address of New Registered Agent

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

TITLE PD
NAME CORIN, WILLIAM J
STREET ADDRESS 400 S TAMiami TR SUITE 130
CITY- ST- ZIP VENICE FL 34285

☐ DELETE

TITLE S
NAME FLAM, LISA S
STREET ADDRESS 400 S TAMiami TR SUITE 130
CITY- ST- ZIP VENICE FL 34285

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director
William J. Corin

Date 1/50/97 941-4925666
Daytime Phone #

CR2E034 (9/96)