

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000000429 (7)

1. Corporation Name
JMW, M.D., P.A.



Principal Place of Business: **2931 WALLCRAFT AVE. TAMPA FL 33611**
Mailing Address: **2931 WALLCRAFT AVE. TAMPA FL 33611**

*** Jocotepac, Jalisco**

3. Date Incorporated or Qualified: **01/01/1995**
3a. Date of Last Report: **N/A.**
4. FEI Number: **59-329 0190**
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

2. Principal Place of Business: **21 Calle Luis Baraldi**
2a. Mailing Address: **26 c/o Robert G. Beard Jr.**
22. Suite, Apt. #, etc.: ***45 Raquet Club**
27. Suite, Apt. #, etc.: **16644 Valley Dr.**
23. City & State: **San Juan Cosala**
28. City & State: **Tampa, Florida**
24. Zip: *****
25. Country: **Mexico**
29. Zip: **33618**
30. Country:

9. Name and Address of Current Registered Agent

**WILLIAMS, JAMES M JR
2931 WALLCRAFT AVE.
TAMPA FL 33611**

10. Name and Address of New Registered Agent

81. Name: **Robert G. Beard Jr.**
82. Street Address (P.O. Box Number is Not Acceptable): **16644 Valley Drive**
83.
84. City: **Tampa** FL 85. Zip Code: **33618**

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: **James M. Williams Jr. - President** DATE: **1 Feb 96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JAMES M JR	
STREET ADDRESS	2931 WALLCRAFT AVE.	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President - Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	SEE Principal Place of Business Above	
1.4 CITY-ST-ZIP		
2.1 TITLE	Secretary - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert G. Beard, Jr.	
2.3 STREET ADDRESS	16644 Valley Drive	
2.4 CITY-ST-ZIP	Tampa, Florida 33618	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Robert Beard** DATE: **4/25/96** DAYTIME PHONE #: **813/963-0251**

CR2E034 (12/95)