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FILED  
May 12 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 # P95000064120 (5)

1. Corporation Name

JEFFREY A. WILLIAMS, PHYSICIAN ASSISTANT, INC.

Principal Place of Business  
1343 N. PROSPECT AVENUE  
LECANTO FL 34461

Mailing Address  
1343 N. PROSPECT AVENUE  
LECANTO FL 34461-8086

3. Date Incorporated or Qualified  
08/15/1995

3a. Date of Last Report  
05/29/1996

2. Principal Place of Business

21 6279 N. Lecanto Hwy  
Suite, Apt. #, etc.

22 City & State  
Beverly Hills FL

23 Zip Country  
34465 USA

24 34465 25 USA

2a. Mailing Address

26 6279 N. Lecanto Hwy  
Suite, Apt. #, etc.

27 City & State  
Beverly Hills FL

28 Zip Country  
34465 USA

29 34465 30 USA

4. FEI Number

59-3331605

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

WILLIAMS, JEFFREY A  
1343 N. PROSPECT AVENUE  
LECANTO FL 34461

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 D  
NAME WILLIAMS, JEFFREY A  
STREET ADDRESS 1343 N. PROSPECT AVENUE  
CITY-ST-ZIP LECANTO FL 34461

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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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97

Date

352 746-0222

Daytime Phone #

0441058

CR2E034 (9/96)