

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000077910 (4)**

1. Corporation Name:

PHYSICIANS ASSET MANAGEMENT, INC.



Principal Place of Business

**403 W. HIGHLAND BLVD.
INVERNESS FL 34452**

Mailing Address

**403 W. HIGHLAND BLVD.
INVERNESS FL 34452**

3. Date Incorporated or Qualified
10/10/1995

3a. Date of Last Report
N/A

2. Principal Place of Business:

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3355430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**DIXON, WILLIAM L
403 W. HIGHLAND BLVD.
INVERNESS FL 34452**

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 of the person who is the registered agent for the corporation

Signature of the person who is the registered agent for the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **DIXON, WILLIAM L**
STREET ADDRESS **2905 S CIRCLE DRIVE**
CITY-ST-ZIP **INVERNESS FL 34450**

1.1 TITLE **P/T** ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SACO, LOUIS**
STREET ADDRESS **16 LAKE HOLLINGSWORTH DRIVE**
CITY-ST-ZIP **LAKELAND FL 33803**

2.1 TITLE **VP** ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SWEENEY, MICHAEL J**
STREET ADDRESS **3906 RIVERSIDE DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33901**

3.1 TITLE **S** ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:

William L Dixon **William L Dixon**

4/1/96

352 726 3646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)