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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # S19103 (8)

1. Corporation Name
WILLIAM W. PURKEY, JR., M.D., P.A.

Principal Place of Business	Mailing Address
~~2950 ALOMA AVENUE~~ ~~SUITE 304~~ ~~WINTER PARK FL 32792~~	~~2950 ALOMA AVENUE~~ ~~SUITE 304~~ ~~WINTER PARK FL 32792~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1870 ALOMA AVE
Suite, Apt. #, etc.
22 SUITE 270
City & State
23 WINTER PARK FL
Zip 24 32789 Country 25 USA

2a. Mailing Address
26 1870 ALOMA AVE.
Suite, Apt. #, etc.
27 SUITE 270
City & State
28 WINTER PARK FL
Zip 29 32789 Country 30 USA

4. FEI Number: 59-3041088 ☐ 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

BOYLES, WILLIAM A.
201 EAST PINE STREET
SUITE 1200
ORLANDO FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☒ Change ☐ Addition
NAME	PURKEY, WILLIAM W. JR.	1.2 NAME	
STREET ADDRESS	~~2950 ALOMA AVE. S-304~~	1.3 STREET ADDRESS	1870 ALOMA AVE., SUITE 270
CITY-ST-ZIP	~~WINTER PARK FL~~	1.4 CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	PURKEY, WILLIAM W. JR.	2.2 NAME	
STREET ADDRESS	~~2950 ALOMA AVE. S-304~~	2.3 STREET ADDRESS	1870 ALOMA AVE., SUITE 270
CITY-ST-ZIP	~~WINTER PARK FL~~	2.4 CITY-ST-ZIP	WINTER PARK FL 32789
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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: (X) William W. Purkey JR. (X)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Telephone #

0040331 CP