

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 12:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S42599 (8)

1. Corporation Name

BILLIE WARREN, PH.D. P.A.

Principal Place of Business

**1225 U.S. HIGHWAY ONE
SUITE 237
JUNO BEACH FL 33408**

Mailing Address

**1225 U.S. HIGHWAY ONE
SUITE 237
JUNO BEACH FL 33408**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/01/1991

3a. Date of Last Report

02/08/1994

4. FEI Number

65-0256847

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

2. Principal Place of Business

21 14255 U.S. Hwy One

2a. Mailing Address

26 14255 U.S. Hwy One

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**WARREN, BILLIE
825 SOUTH U.S. HIGHWAY ONE
SUITE 360
JUPITER FL 33477**

10. Name and Address of New Registered Agent

**81 Name Warren Billie
82 Street Address (P.O. Box Number is Not Acceptable) 14255 U.S. Highway One
83 Suite 237
84 City Juno Beach FL 85 Zip Code 33408**

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

Billie Warren

4-12-95

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 WARREN, BILLIE
STREET ADDRESS 825 S. U.S. HWY. ONE 360
CITY - ST - ZIP JUPITER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1 1 TITLE P
12 NAME
13 STREET ADDRESS 14255 U.S. Highway One Ste 237
14 CITY - ST - ZIP Juno Beach FL 33408**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(b), 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:

Billie Warren **Billie Warren President 4-12-95 407 627-7744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #