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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:29

DOCUMENT # **S77354** **(6)**

1. Corporation Name
WILLIAM L. CODY, M.D., P.A.

Principal Place of Business	Mailing Address
1820 BARRS STREET SUITE 701 JACKSONVILLE FL 32204	1820 BARRS STREET SUITE 701 JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/29/1991**
3a. Date of Last Report: **03/30/1994**

21 2. Principal Place of Business: 1820 Barrs Street	26 2a. Mailing Address: 1820 Barrs Street
22 Suite, Apt. #, etc.: Suite 521	27 Suite, Apt. #, etc.: Suite 521
23 City & State: Jacksonville, FL.	28 City & State: Jacksonville, FL
24 Zip: 32204 25 Country:	29 Zip: 32204 30 Country:

4. FEI Number: **59-3082282** ☐ 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	10. Name and Address of New Registered Agent
FISHER, MICHAEL W. 2600 INDEPENDENT SQUARE JACKSONVILLE FL	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, type or print 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	D	11 TITLE	☒ Change ☐ Addition: D
NAME	CODY, WILLIAM L. M.D.	12 NAME	Cody, William L., M.D.
STREET ADDRESS	1820 BARRS ST. S-701	13 STREET ADDRESS	1820 Barrs Street - Suite 521
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Jacksonville, FL 32204
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: William L. Cody, M.D. 3-22-95 904-387-9577
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
William L. Cody, M.D.

0014A07 CP