

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V07152 (4)

1. Corporation Name

FOUR WINDS CENTER, P.A.



Principal Place of Business

622 E. TARPON AVENUE
TARPON SPRINGS FL 34689
US

Mailing Address

622 E. TARPON AVENUE *Correct address*
~~34689-0000~~ *below*
TARPON SPRINGS FL 34689
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

622 E. Tarpon Avenue

22

City & State

27

Suite, Apt. #, etc.

23

Zip Country

28

Tarpon Springs, Florida

24

Zip Country

29

34689

30

Pinellas

9. Name and Address of Current Registered Agent

WILLIAMS, MARY ANN
622 E. TARPON AVENUE
SUITE 305
TARPON SPRINGS FL 34689

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 *X Mary Ann Williams*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature must be in ink)

Feb 9, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D WILLIAMS, MARY
STREET ADDRESS
622 E. TARPON AVENUE
CITY-ST-ZIP
TARPON SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: *X Mary Ann Williams, pres*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96

DATE

813-938-7227

TELEPHONE NUMBER

CR2E034 (12/95)