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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V48038** (6)

1. Corporation Name
WILLIAM W. AUSTIN, PSY.D., P.A.

Principal Place of Business
**102 PARK PLACE BLVD.
STE 403 A-3
KISSIMMEE FL 34741
US**

Mailing Address
**8904 ROYAL BIRKDALE LANE
ORLANDO FL 32819
US**

2. Principal Place of Business
21 **102 PARK PLACE BOULEVARD**
22 **SUITE A-3**
23 **KISSIMMEE, FL**
24 **34741** 25 **USA**

2a. Mailing Address
26 **8904 ROYAL BIRKDALE LANE**
27 **SUITE A-3**
28 **ORLANDO, FL**
29 **32819** 30 **USA**

3. Date Incorporated or Qualified **07/01/1992** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-3130957** 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 § 100.020, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**AUSTIN, WILLIAM W.
8904 ROYAL BIRKDALE LANE
ORLANDO FL 32819**

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 **WILLIAM W. AUSTIN** *William W. Austin* 4/12/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	AUSTIN, WILLIAM W.
STREET ADDRESS	8904 ROYAL BIRKDALE LANE
CITY ST ZIP	ORLANDO FL
TITLE	PST
NAME	AUSTIN, WILLIAM W.
STREET ADDRESS	8904 ROYAL BIRKDALE LANE
CITY ST ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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 my address.

SIGNATURE: *William W. Austin* 4/31/95 407-870-2101
WILLIAM W. AUSTIN, PSY.D.