

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000116870

**Entity Name:** WILLIAM GAYA, M.D., P.A.

**Current Principal Place of Business:**

801 SW 1ST AVE  
OCALA, FL 34471

**Current Mailing Address:**

PO BOX 10  
OCALA, FL 34478 US

**FEI Number:** 20-5517626

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KING, WILLIAM AESQUIRE  
1531 SE 36TH AVENUE  
OCALA, FL 34471 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            P  
Name            GAYA, WILLIAM  
Address        1950 SW 40TH PLACE  
City-State-Zip: Ocala FL 34471

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM GAYA MD MD

**PRESIDENT**

**01/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date