

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

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 JAN 18 AM 8:23

DOCUMENT # 603068

(8)

1. Corporation Name

JOHN L. WILSON, M.D.P.A.

Principal Place of Business

1308 HODGES DRIVE
TALLAHASSEE FL 32308

Mailing Address

1308 HODGES DRIVE
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/01/1971

3a. Date of Last Report
01/19/1994

4. FEI Number
59-1358037

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. 193.042,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, JOHN L
1308 HODGES DR
TALLAHASSEE FL 32303

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 officer 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and board agent, if any)

(Signature typed or printed name of registered agent, if any)

(Date)

OFFICERS AND DIRECTORS

ADDITION/CHANGES TO OFFICERS AND DIRECTORS (If 12)

12. #

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

P

WILSON, J L
TALLAHASSEE MEMORIAL HOS
TALLAHASSEE FL

13.

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

V

DOZIER, R
TALLAHASSEE MEMORIAL HOS
TALLAHASSEE FL

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

S

WILLIAMS, J
TALLAHASSEE MEMORIAL HOS
TALLAHASSEE FL

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 193.042, Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 this corporation or its receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1-9

Registration Fee: \$