


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 08:00 AM
Secretary of State

DOCUMENT # G07195	
1. Entity Name W. CANNON SIMPSON, JR., M.D., P.A.	

Principal Place of Business % W. CANNON SIMPSON, JR., M.D. 1820 BARRS STREET, SUITE 724 JACKSONVILLE, FL 32204	Mailing Address % W. CANNON SIMPSON, JR., M.D. 1820 BARRS STREET, SUITE 724 JACKSONVILLE, FL 32204
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06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2230838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIMPSON, W. CANNON, JR., M.D. 1820 BARRS STREET, SUITE 724 JACKSONVILLE, FL 32204
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>W. Cannon Simpson</i> <small>Signature, typed or printed name of registered agent or title if applicable.</small>	DATE <i>6/30/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMPSON, W CANNON, JR, MD 1944 GROVE BLUFF ROAD JACKSONVILLE, FL 32259
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>W. Cannon Simpson, M.D. P.A.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>W. Cannon Simpson M.D. P.A.</i> <small>Daytime Phone: (904) 387-0444</small>