## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # G07195

1. Entity Name

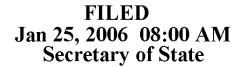
W. CANNON SIMPSON, JR., M.D., P.A.



Principal Place of Business

% W. CANNON SIMPSON, IR., 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





01182006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2230838

Applied For Not Applicable

5. Certificate of Status Desired

\$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

## DO NOT WRITE IN THIS SPACE

			- construction of the cons	Control of the Contro
	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE, Registered	Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	sing \$5.00 May Be	
10.	OFFICERS AND DIREC	TORS	**************************************	)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMPSON, W CANNON, JR,MD 1944 GROVE BLUFF ROAD JACKSONVILLE, FL 32259		in energia energia en la composición de la composición de la composición de la composición de la composición d La composición de la	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				U00000399958 D2/01/06-300707 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			in i	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2306

(904) 387 6444

Daylime Phone #