


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

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

Principal Place of Business 1820 BARRS STREET, STE 358 JACKSONVILLE, FL 32204	Mailing Address 1820 BARRS STREET, STE 358 JACKSONVILLE, FL 32204
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01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2230838	Applied For 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	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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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03/06/07-80074-007 150.00

12. I hereby certify that the information supplied with this filing 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:** W. Cannon Simpson MD 2/19/07 904-493-2229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/Phone #