

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69689

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: MICHAEL J. WILEY, M.D., P.A.

## Current Principal Place of Business:

20901 CHESTERFIELD AVE.  
ETTRICK, VA 23803 US

## New Principal Place of Business:

37 BOLLINGBROOK STREET  
PETERSBURG, VA 23803 US

## Current Mailing Address:

20901 CHESTERFIELD AVE  
ETTRICK, VA 23803 US

## New Mailing Address:

37 BOLLINGBROOK STREET  
PETERSBURG, VA 23803 US

FEI Number: 59-2558458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOOS, JOLENE CPA  
4805 W LAUREL STREET STE 100  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILEY, MICHAEL J.,  
Address: 20901 CHESTERFIELD AVE  
City-St-Zip: ETTRICK, VA 23803 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M.D. (X) Change ( ) Addition  
Name: WILEY, MICHAEL J.,  
Address: 37 BOLLINGBROOK STREET  
City-St-Zip: PETERSBURG, VA 23803 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL J. WILEY, M.D., P.A.

M.D.

04/25/2005

Electronic Signature of Signing Officer or Director

Date