## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69689

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

FILED Apr 25, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

37 BOLLINGBROOK STREET 2669 HAMPSHIRE RD

PETERSBURG, VA 23803 CLEVELAND HEIGHTS, OH 44106 US

**Current Mailing Address: New Mailing Address:** 

37 BOLLINGBROOK STREET 13901 WOLCOTT DRIVE PETERSBURG, VA 23803 US TAMPA, FL 33624

FEI Number: 59-2558458 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MΩ () Delete Title: (X) Change ( ) Addition

WILEY, MICHAEL J., WILEY, MICHAEL J., Name: Name: 37 BOLLINGBROOK STREET 13901 WOLCOTT DRIVE Address: Address: City-St-Zip: PETERSBURG, VA 23803 US City-St-Zip: TAMPA, FL 33624 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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. 04/25/2006