


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2006 8:00 am
Secretary of State

06-16-2006 90101 023 ***150.00

DOCUMENT # K58127 1. Entity Name WILLIAM J. WHIBBS, M.D., P.A.	
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Principal Place of Business 2120 TRANJO RD PENSACOLA, FL 32503 US	Mailing Address 2120 TRANJO RD PENSACOLA, FL 32503 US
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03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2932891	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHASE, JAMES L. 101 EAST GOVERNMENT STREET PENSACOLA, FL 32501
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**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHIBBS, WILLIAM J. 2120 TRONJO RD PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: X [Signature] 04-26-26
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40095728

~~#K58724~~

2006 TAX RETURN FILING INSTRUCTIONS

2006 UNIFORM BUSINESS REPORT

FOR THE YEAR ENDING

December 31, 2005

Prepared for	William J. Whibbs, MD, PA 321 E. Nine Mile Road Pensacola, FL 32514-2720
Prepared by	O'Sullivan Creel, LLP 316 S. Baylen St. Suite 300 Pensacola, FL 32502
Amount due or refund	Balance due \$150
Make check payable to	Department of State
Mail tax return and check (if applicable) to	Division of Corporations P. O. Box 6198 Tallahassee, FL 32314-6198
Return must be mailed on or before	May 1, 2006
Special Instructions	The return should be signed and dated. Include your tax identification number on your check.