

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000010149

FILED
Apr 01, 2003
Secretary of State

Entity Name: WILSON FAMILY MEDICINE, LLC

Current Principal Place of Business:

2009 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2009 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 74-3041128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, LES D M.D.
2009 MICCOUSKEE ROAD
TALLAHASSEE, FL 32308 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WILSON, LES D M.D.
Address: 2009 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM () Delete
Name: ERWIN-WILSON, VICKI M.D.
Address: 2009 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LES WILSON, MD

MGRM

04/01/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date