## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L13739

Entity Name: WILLIAM C. WILSON, D.O., P.A.

FILED Oct 18, 2006 Secretary of State

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

908 GARDEN GATE CIRCLE 5190 BAYOU BLVD PENSACOLA, FL 32504 BLDG 2

PENSACOLA, FL 32503

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

908 GARDEN GATE CIRCLE 5190 BAYOU BLVD

PENSACOLA, FL 32504 BLDG 2

PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 59-2966180 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

LEUCHTMAN, GARY B. WILSON, WILLIAM C DO 501 COMMENDENCIA STREET 5190 BAÝOU BLVD

PENSACOLA, FL 32501 BLDG 2 PENSACOLA, FL 32503 US

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: WILLIAM C WILSON DO 10/18/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

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

WILSON, WILLIAM C. WILSON, WILLIAM C DO Name: Name: 6520 EL PRESIDEO Address: 5190 BAYOU BLVD BLDG 2 Address: City-St-Zip: PENSACOLA, FL City-St-Zip: PENSACOLA, FL 32503

Title: (X) Delete Title: () Change () Addition Name: WILSON, BEVERLY A. Name: 6520 EL PRESIDEO Address: Address: City-St-Zip:

PENSACOLA, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Ρ SIGNATURE: WILLIAM C WILSON DO 10/18/2006