

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L50061**

1. Entity Name  
**WAKULLA PROFESSIONAL CENTER, INC.**



Principal Place of Business  
**3004 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327 US**

Mailing Address  
**P O BOX 1022  
CRAWFORDVILLE, FL 32326 US**



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3021133**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GAUPIN, THELMA  
RT. 2, BOX 4391  
CRAWFORDVILLE, FL 32327**

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	GAUPIN, THELMA
STREET ADDRESS	RT. 2, BOX 4391
CITY - ST - ZIP	CRAWFORDVILLE, FL
TITLE	V
NAME	PLANT, BRIAN J.
STREET ADDRESS	P.O. BOX 1022/HGY 319 N/A
CITY - ST - ZIP	CRAWFORDVILLE, FL
TITLE	ST
NAME	BUCHANAN, NANCY C
STREET ADDRESS	PO BOX 1022
CITY - ST - ZIP	CRAWFORDVILLE, FL 32326
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000319925  
04/21/05-80017-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/17/05**