

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000005960

1. Entity Name
WILKINSON SNOWDEN OTOLARYNGOLOGY
CONSULTANTS, P.A.



Principal Place of Business
836 PRUDENTIAL DR, SUITE 807
JACKSONVILLE, FL 32207

Mailing Address
836 PRUDENTIAL DR, SUITE 807
JACKSONVILLE, FL 32207



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3015796

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILKINSON, ALBERT H
836 PRUDENTIAL DR
SUITE 807
JACKSONVILLE, FL 32207

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILKINSON, ALBERT H
STREET ADDRESS	836 PRUDENTIAL DR SUITE 807
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	DV
NAME	SNOWDEN, R. TODD
STREET ADDRESS	836 PRUDENTIAL DR SUITE 807
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000008151
01/20/04-80054-003 150.00

**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)(b), 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: Albert H Wilkinson Albert H Wilkinson President 1/15/04 904 388 31
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #