## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2004 08:00 AM Secretary of State

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DOCUMENT # P0100000718						J	
1. Entity Nan							
WILLIAM	I M. WANSA, M.D., P.A.						
Principal Ptac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·				
-	SHORE BLVD	349 OCEAN SHORE BLVD					
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<u></u>	6. Name and Address of Current Re	gistered Agent	usinisimmsi († )	iga ka ingmoodudi.	dalaman da kappada	ومسائر لرؤنام ومشو	egetigical electrical quality.
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a. ≀ne above the obliga:	named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or register	ed agent, or bot	th, in the State of Flo	rida. I am familia	ar with, and accept
_	<b>V V V</b>						
SIGNATURE.	Signature, typed or printed name of registered agent and	trie d'applicable. /NOTE: Registere	d Agent signature required	nder respectively		DATE	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CATY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/14/04

Daytime Phone #