2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90111 044 ***150.00

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04092006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000000718

1. Entity Name
WILLIAM M. WANSA, M.D., P.A.

Principal Place of Business	Mailing Address
349 OCEAN SHORE BLVD ORMOND BEACH, FL 32176	349 OCEAN SHORE BLVD ORMOND BEACH, FL 32176

2. Principal Place of Business		3. Mailing Address	
49 Spring Meadows Dr		49 Spring Meadows Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ormond Beach, FL		City & State: Ormond Beach, FL	
Zip: 32174	Country: USA	Zip: 32174	Country:

4. FEI Number: 59-3693359 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WANSA, WILLIAM M
349 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 49 Spring Meadows Drive
City: Ormond Beach FL Zip Code: 32174

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] 4/12/06
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WANSA, WILLIAM M 349 OCEAN SHORE BLVD ORMOND BEACH, FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	49 Spring Meadows Drive Ormond Beach, FL 32174	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] 4/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #