

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093148

Entity Name: ANITA M. WILBORN, M.D., P.A.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

2601 N. FLAGLER DR., SUITE 214
W. PALM BCH, FL 33407

New Principal Place of Business:

1717 N. FLAGLER DR., SUITE 3
W. PALM BCH, FL 33407

Current Mailing Address:

2601 N. FLAGLER DR., SUITE 214
W. PALM BCH, FL 33407

New Mailing Address:

1717 N. FLAGLER DR., SUITE 3
W. PALM BCH, FL 33407

FEI Number: 65-1141932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, LOUIS R JR.
26 HARVARD DR.
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILBORN, ANITA M
Address: 2601 N. FLAGLER DR., SUITE 214
City-St-Zip: W. PALM BCH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILBORN, ANITA M
Address: 1717 N. FLAGLER DR., SUITE 3
City-St-Zip: W. PALM BCH, FL 33407

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.

SIGNATURE: ANITA M. WILBORN

DR

04/26/2006

Electronic Signature of Signing Officer or Director

Date