

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000110386

FILED
Apr 24, 2007
Secretary of State

Entity Name: WILLIAM F. RYLANDER, M.D., P.A.

Current Principal Place of Business:

407 SOUTH WASHINGTON AVE
SUITE 1
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

PO BOX 6546
TITUSVILLE, FL 32782

New Mailing Address:

FEI Number: 59-3759523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, W GRAHAM
250 PARK AVE SOUTH 5TH FLOOR
WINTER PARK, FL 32789 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: RYLANDER, WILLIAM F MD
Address: 500 N WASHINGTON AVE STE 102
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RYLANDER, WILLIAM F MD
Address: 407 S.WASHINGTON AVE., STE1
City-St-Zip: TITUSVILLE, FL 32782

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM RYLANDER

MD

04/24/2007

Electronic Signature of Signing Officer or Director

Date