
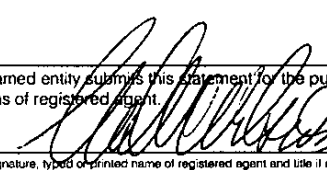
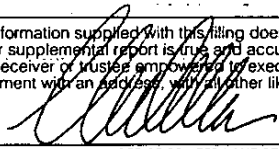


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90169 026 ***150.00

DOCUMENT # P03000042821 1. Entity Name CHARLES V. WILSON, M.D., P.A.					
Principal Place of Business 2300 PARK AVENUE SUITE 202 ORANGE PARK, FL 32073			Mailing Address 2300 PARK AVENUE SUITE 202 ORANGE PARK, FL 32073		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0514915	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILSON, CHARLES V M.D. 2045 PROFESSIONAL CENTER DR ORANGE PARK, FL 32073				Name Wilson, Charles V M.D. Street Address (P.O. Box Number is Not Acceptable) 2300 Park Avenue Suite 202 City Orange Park FL Zip Code 32073	
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  Charles V. Wilson M.D. 2/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D WILSON, CHARLES V M.D. 2045 PROFESSIONAL CENTER DR ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilson, Charles V. M.D. 2300 Park Avenue, Suite 202 Orange Park, FL 32073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby 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 another like empowered.					
SIGNATURE:  Charles V. Wilson M.D. 2/28/05 904253880 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					