

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

1/1

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90051 033 \*\*\*158.75

**DOCUMENT # P04000135212**

1. Entity Name  
**WISDO FAMILY MEDICINE, JAMES JOHN WISDO, D.O.,  
P.A.**



Principal Place of Business  
**200 SE 17TH STREET SUITE A  
OCALA, FL 34471**

Mailing Address  
**200 SE 17TH STREET SUITE A  
OCALA, FL 34471**



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1692249</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**AVONELLE R. MACKERELL, P.A.  
20743 W PENNSYLVANIA AVENUE  
DUNNELLON, FL 34431**

**DO NOT WRITE  
IN THIS SPACE**

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]*

**1-4-07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
**P**  
NAME  
**WISDO, JAMES J**  
STREET ADDRESS  
**3139 SE 54TH CT**  
CITY-ST-ZIP  
**OCALA, FL 34471**

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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]*

**2-5-07**

**352-600-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #