

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024013

FILED  
Aug 28, 2006  
Secretary of State

Entity Name: WILSON MEDICAL LEASING INC.

## Current Principal Place of Business:

355 N. BEAL PARKWAY  
FORT WALTON BEACH, FL 32548 US

## New Principal Place of Business:

## Current Mailing Address:

355 N. BEAL PARKWAY  
FORT WALTON BEACH, FL 32548 US

## New Mailing Address:

4015 KILLIAN DRIVE  
ORLANDO, FL 32822 US

FEI Number: 20-2341152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, KARYN  
12603 COURTNEY LAKES DRIVE  
APT 1437  
ORLANDO, FL 32828 US

## Name and Address of New Registered Agent:

SHIPILLO, KARYN  
4015 KILLIAN DRIVE  
ORLANDO, FL 32822 US

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: KARYN SHIPILLO

08/28/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILSON, KARYN  
Address: 12603 COURTNEY LAKES DRIVE APT 1437  
City-St-Zip: ORLANDO, FL 32828 US

Title: VP ( ) Delete  
Name: WILSON, KARYN  
Address: 12603 COURTNEY LAKES DRIVE APT 1437  
City-St-Zip: ORLANDO, FL 32828 US

Title: S ( ) Delete  
Name: WILSON, KARYN  
Address: 12603 COURTNEY LAKES DRIVE APT 1437  
City-St-Zip: ORLANDO, FL 32828 US

Title: T ( ) Delete  
Name: WILSON, KARYN  
Address: 12603 COURTNEY LAKES DRIVE APT 1437  
City-St-Zip: ORLANDO, FL 32828 US

Title: DIR ( ) Delete  
Name: WILSON, KARYN  
Address: 12603 COURTNEY LAKES DRIVE APT 1437  
City-St-Zip: ORLANDO, FL 32828 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SHIPILLO, KARYN  
Address: 4015 KILLIAN DRIVE  
City-St-Zip: ORLANDO, FL 32822 US

Title: VP (X) Change ( ) Addition  
Name: WILSON, THOMAS  
Address: 645 POWELL DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: S (X) Change ( ) Addition  
Name: SHIPILLO, KARYN  
Address: 4015 KILLIAN DRIVE  
City-St-Zip: ORLANDO, FL 32822 US

Title: T (X) Change ( ) Addition  
Name: SHIPILLO, KARYN  
Address: 4015 KILLIAN DRIVE  
City-St-Zip: ORLANDO, FL 32822 US

Title: DIR (X) Change ( ) Addition  
Name: SHIPILLO, KARYN  
Address: 4015 KILLIAN DRIVE  
City-St-Zip: ORLANDO, FL 32822 US

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: KARYN SHIPILLO

P

08/28/2006

Electronic Signature of Signing Officer or Director

Date