

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000097877

Entity Name: MELISSA R WILSON, PA

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

303 ALTAMONTE BAY CLUB CR  
SUITE 202  
ALTAMONTE SPRINGS, FL 32701

## **New Principal Place of Business:**

17717 WOODCREST WAY  
CLERMONT, FL 34714

## **Current Mailing Address:**

303 ALTAMONTE BAY CLUB CR  
SUITE 202  
ALTAMONTE SPRINGS, FL 32701

## **New Mailing Address:**

17717 WOODCREST WAY  
CLERMONT, FL 34714

FEI Number: 45-3820316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

WILSON, MELISSA R  
303 ALTAMONTE BAY CLUB CR  
SUITE 202  
ALTAMONTE SPRINGS, FL 32701 US

## **Name and Address of New Registered Agent:**

WILSON, MELISSA R  
17717 WOODCREST WAY  
CLERMONT, FL 34714 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: MELISSA WILSON

04/28/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: WILSON, MELISSA R  
Address: 17717 WOODCREST WAY  
City-St-Zip: CLERMONT, FL 34714

I hereby 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 all other like empowered.

SIGNATURE: MELISSA E WILSON

P

04/28/2012

Electronic Signature of Signing Officer or Director

Date