| PROFIT CORPORATION ANNUAL REPORT 1997 | FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS |
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**FILED**
**Feb 21 1997 8:00am**
**Secretary of State**

**DOCUMENT #  P93000074137 (9)**

1. Corporation Name

**JAMES R. WILSON, M.D., P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 14535 CORTEZ BLVD SUITE A BROOKSVILLE FL 34613 | 14535 CORTEZ BLVD SUITE A BROOKSVILLE FL 34613-6065 |

| | | |
|---|---|---|
| **3.** Date Incorporated or Qualified 09/16/1993 | **3a.** Date of Last Report 03/19/1996 | |

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-3203659 | Applied For / Not Applicable |
|---|---|---|---|
| 21  14529 Cortez Blvd. | 26  14529 Cortez Blvd. | | |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| City & State 23  Brooksville, Fl | City & State 28  Brooksville, Fl | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| Zip 24  34613 | Country 25  HERNANDO | Zip 29  34613 | Country 30  HERNANDO | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  ☒ Yes ☐ No |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| WILSON, JAMES R 14535 CORTEZ BLVD SUITE A BROOKSVILLE FL 34613 | 51 Name  Wilson, James R 52 Street Address (P.O. Box Number is Not Acceptable)  14529 Cortez Blvd. 53 54 City  Brooksville, Fl   FL  55 Zip Code 34613 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____
_Signature, typed or printed name of registered agent and title if applicable._   (NOTE: Registered Agent signature required when reinstating)   DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE **DPST** NAME **WILSON, JAMES R** STREET ADDRESS **14535 CORTEZ BLVD, SUITE A** CITY-ST-ZIP **BROOKSVILLE FL** | ☐ DELETE | 1.1 TITLE **DPST** 1.2 NAME **Wilson, James R** 1.3 STREET ADDRESS **14529 Cortez Blvd.** 1.4 CITY-ST-ZIP **Brooksville, Fl  34613** | ☒ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____  2-14-97  (352)596-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (9/96)