

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0598200 AV

DOCUMENT # P93000074137

1. Entity Name
JAMES R. WILSON, M.D., P.A.

02-05-2002 90050 017 ***150.00

Principal Place of Business 14529 CORTEZ BLVD BROOKSVILLE FL 34613 US	Mailing Address 14529 CORTEZ BLVD BROOKSVILLE FL 34613 US
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2. Principal Place of Business 2983 LANDOVER BLVD. Suite, Apt. #, etc.	3. Mailing Address 2983 LANDOVER BLVD. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SPRING HILL, FL	City & State SPRING HILL, FL	4. FEI Number 59-3203659	Applied For <input type="checkbox"/> Not Applicable
Zip 34608	Country HERNANDO	Zip 34608	Country HERNANDO

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent WILSON, JAMES R 14529 CORTEZ BLVD BROOKSVILLE FL 34613	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2983 LANDOVER BLVD. City SPRING HILL FL Zip Code 34608
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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.

SIGNATURE: *James R. Wilson, M.D.*
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WILSON, JAMES R 14529 CORTEZ BLVD BROOKSVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2983 LANDOVER BLVD. SPRING HILL, FL 34608 <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
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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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James R. Wilson, M.D.* **SIGNATURE REQUIRED** *1-17-02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)