


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90145 018 ***150.00

DOCUMENT # P93000074137


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



Principal Place of Business Mailing Address
2983 LANDOVER BLVD **2983 LANDOVER BLVD**
SPRING HILL, FL 34608 US **SPRING HILL, FL 34608 US**

2. Principal Place of Business 3. Mailing Address
3017 LANDOVER BLVD **3017 LANDOVER BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SPRING HILL, FL **SPRING HILL, FL**
 Zip Zip Country Country
34608 **34608** **FL** **FL**



02012005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
WILSON, JAMES R
2983 LANDOVER BLVD
SPRING HILL, FL 34608

4. FEI Number Applied For
59-3203659 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **WILSON, JAMES R**
 Street Address (P.O. Box Number is Not Acceptable) **3017 LANDOVER BLVD**
 City **SPRING HILL** State **FL** Zip Code **34608**

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 *James R. Wilson M.D.* DATE **2-22-05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WILSON, JAMES R 2983 LANDOVER BLVD SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WILSON, JAMES R 3017 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
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *James R. Wilson M.D.* **JAMES R WILSON** DATE **2-22-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #