


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-25-2005 90145 018 \*\*\*150.00

<b>DOCUMENT # P93000074137</b>		
1. Entity Name JAMES R. WILSON, M.D., P.A.		

Principal Place of Business 2983 LANDOVER BLVD SPRING HILL, FL 34608 US	Mailing Address 2983 LANDOVER BLVD SPRING HILL, FL 34608 US
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2. Principal Place of Business 3017 LANDOVER BLVD Suite, Apt. #, etc.	3. Mailing Address 3017 LANDOVER BLVD Suite, Apt. #, etc.
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City & State SPRING HILL FL Zip Country 34608 HERNANDO	City & State SPRING HILL FL Zip Country 34608 HERNANDO
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02012005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3203659		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WILSON, JAMES R 2983 LANDOVER BLVD SPRING HILL, FL 34608		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 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 X James R. Wilson M.D. DATE 2-22-05  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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

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 X James R. Wilson M.D. JAMES R WILSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 2-22-05 Daytime Phone #