


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000074137

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



Principal Place of Business 3017 LANDOVER BLVD SPRING HILL, FL 34608 US	Mailing Address 3017 LANDOVER BLVD SPRING HILL, FL 34608 US
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DO NOT WRITE IN THIS SPACE



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3203659	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILSON, JAMES R
 3017 LANDOVER BLVD
 SPRING HILL, FL 34608**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WILSON, JAMES R 3017 LANDOVER BLVD SPRING HILL, FL 34608
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 04/09/07-80041-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 MD JAMES WILSON X 3.24.07 352 689 8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #