


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000000429**


1. Entity Name  
JMW, M.D., P.A.



Principal Place of Business  
NIZA #10  
CHAPALA, MEXICO, 45900

Mailing Address  
C/O ROBERT G BEARD JR  
16644 VALLELY DR  
TAMPA, FL 33618 US

**DO NOT WRITE IN THIS SPACE**



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3290190

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BEARD, ROBERT G JR  
16644 VALLELY DRIVE  
TAMPA, FL 33618

**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 renating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	PTD WILLIAMS, JAMES M JR 827 UNION PACIFIC, PMB 71-290 LAREDO, TX 78045
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD BEARD, ROBERT G JR 16644 VALLELY DRIVE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000922198  
05/15/08-80087-005 150.00

**DO NOT WRITE IN THIS SPACE**

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: Robert G. Beard, Jr. **Robert G. Beard, Jr.** 4/21/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #